154-124-028-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. Mill Town St.

Hospital

Registration District No. 14

File No. 13151

Primary Registration District No. 2044

Registered No. 376

FULL NAME OF CHILD Carl Bertil Andersson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes	March 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Andersson	Blonda Roos,
RESIDENCE	St Maries Ida.	St Maries
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	24 (Years)
BIRTHPLACE	~~Switzerland~~ Sweden	Sweden,
OCCUPATION	Laborer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. Kinsolving

Physician (Physician or Midwife)

Address St Maries, Ida.

March 30, 1913.

Registrar

Filed 4/10 1913 D D Freeman

Registrar

S-Y CO., 16670

JUL 12 1954

DEC 23 1965

APR 27 1950

613-124-028-849

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

13152

County of Kootenai

City of Harrison

Registration District No. 12

File No.

No. St.

Primary Registration District No. 2049

Registered No. 375

Hospital

FULL NAME OF CHILD John H. Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	Feb 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Waters	Bertha C. Hurst
RESIDENCE	Harrison Idaho	Harrison Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Minn.	Ills.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 24 1913 (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Kinney

Physician

(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/10 1913 D. D. Truman Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243-118
028-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

Registration District No. 12

File No. 13153

No. ..... St.

Primary Registration District No. 2044

Registered No. 392

Hospital St Maries

FULL NAME OF CHILD Homer Gerald Buck

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 18 1913

FATHER		MOTHER	
FULL NAME	Ernest Homer Buck	FULL MAIDEN NAME	Katy Van Meter
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Cornwall

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report

..... 19.....

Filed 4/10 19 13 D D Freeman

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1941

493-229-028-659

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

Registration District No. 14

File No. 13154

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 394

Hospital ____

FULL NAME OF CHILD ~~Dorothy Louise~~ Ruth Christine Dittman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	Single (To be answered only in event of plural births)	3	Yes	March 29 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Dittman	FULL MAIDEN NAME	Mamie Fraitzer
RESIDENCE	Ferrell	RESIDENCE	Ferrell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Russia
OCCUPATION	Homesteader	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Lindsay M.D.

Physician.

(Physician or Midwife)

Address St Joe Idaho.

Given names added from a supplemental report

....., 19.....

Filed 4/10 1913 A. D. Brunner

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Benewah }

Certificate No. 13154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Delores Pearl Dittman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 29, 1913 (DATE OF EVENT)
in Farrell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar. 29, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Dolores Pearl Dittman	Ruth Christine Dittman

Subscribed and sworn to before me this 16th
day of May, 19 42.

Ray A Bowen
Notary Public, residing at St. Maries, Ida.
NOTARY PUBLIC FOR THE STATE OF IDAHO, RESIDING AT ST. MARIES, IDAHO
My commission expires MY COMMISSION EXPIRES FEB 24 1943
(SEAL)

Signed Mamie D Dittman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

St. Maries, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of May, 19 42

Ray A Bowen
Notary Public, residing at St. Maries, Idaho
NOTARY PUBLIC FOR THE STATE OF IDAHO, RESIDING AT ST. MARIES, IDAHO
My commission expires MY COMMISSION EXPIRES FEB 24 1943
(SEAL)

Signed O. O. S. Platt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Maries, Idaho
(STREET ADDRESS, CITY, STATE)

MAY 22 1942

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 25 1942

556-123-028-384

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13155

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2051 Registered No. 373

Hospital

FULL NAME OF CHILD Francis Merrill Newman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	March 23, 1913

FATHER		MOTHER	
FULL NAME	Francis M. Newman	FULL MAIDEN NAME	Ella C. Chuckness
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) Frank Merry

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Filed 4-10- 1913 D. D. Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 218
028 - 469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 12 File No. 13156

Primary Registration District No. 2049 Registered No. 371

FULL NAME OF CHILD Ada Carlton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	March 18 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Radisson Nathan Carlton	FULL MAIDEN NAME	Bernetta Morehouse
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Cunnuall

(Physician or midwife)

Address St Maries Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/10 1913 D D Brennan

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1945

639-218-028-419

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 13157

Primary Registration District No. 2051 Registered No. 370

FULL NAME OF CHILD Ruth Lorene Flint

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Mar. 18 1913

	FATHER	MOTHER
FULL NAME	Samuel J. Flint	FULL MAIDEN NAME: Nellie Edith Daily
RESIDENCE	Post Falls, Ida.	Post Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Pike, N. Y.	Peru, Ind.
OCCUPATION	Teaching	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) Glen J. Tenbrook M.D.

(Physician or midwife)

Address Post Falls, Ida.

Filed 3/4/10 1913 D. D. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. II-C— 'Jun-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

252-218-028-313

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Athol

No. ..... *St.*

Hospital .....

Registration District No. 17 **File No.** 13158

Primary Registration District No. 2051 **Registered No.** 369

FULL NAME OF CHILD Iva Dell Beseke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	March 18, 1913

FATHER		MOTHER	
FULL NAME	George F. Beseke	FULL MAIDEN NAME	Iva E. Call
RESIDENCE	Athol,	RESIDENCE	Athol
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) Frank Penny

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Filed 4/10 1913 D. L. Freeman *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1954

959-176-028-254

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13159

Registration District No. 1N

Primary Registration District No. 2049

Registered No. 368

PLACE OF BIRTH

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

FULL NAME OF CHILD Virgil Reinbinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Frank Reinbinger	FULL MAIDEN NAME	Billie Knutsen
RESIDENCE	Springston Idaho	RESIDENCE	Springston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Mar 11 1913, at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Sweeney

Physician

(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 1913 D D Brennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1974

Amended 5-10-71 (Be sure the information is complete and accurate)

463-215-028-168

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File-No. 13160
Local Reg. No. 367
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Post Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Post Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Phebe b. (Middle): Dolores c. (Last): Dole

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 15 (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): James b. (Middle): L. c. (Last): Dole

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Moreland, Michigan

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY: Saw Mill

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): Daltie c. (Last): Johnson

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Audibon, Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Glen J. Ten Brook,

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Post Falls, Idaho

20. DATE SIGNED: April 10, 1913

21. DATE REC'D BY LOCAL REG.: 4-10-1913

22. REGISTRAR'S SIGNATURE: D.D. Dreunan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

4-15-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Jackson }

RECEIVED
MAY 3 - 1971
Bureau of Vital Statistics

Certificate No. 13160

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Dolers Phoebe Dole (Name on Original Certificate) was born (Was Born or Died) on Mar 15 1913 (Date of Event)
in Post Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Baby Dolers Phoebe Dole	Phebe Dolores Dole
Mother's maiden name	Valtie May Johnson	Mary Daltie Johnson

Subscribed and sworn to before me this 30 day of April, 19 71

Notary Public, residing at Jacksonville

My commission expires 8-1-1973

(Seal)

Signed Mary Daltie Dole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1756 Orchard Home Dr. Medford, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

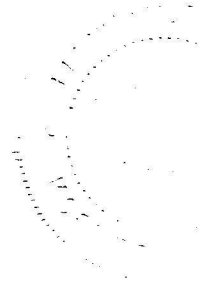
FORM DH 60-155

C.C. (D)

Medical Certificate for Marriage License gives childs l name as Phebe Dolores Dole born March 15, 1913. Certified copy issued Feb. 3, 1971. Original record dated August 4, 1939. G. R. Carter, County Clerk.

Viewed by V.S.

Application for Social Security gives name as Phebe Dolores Dole born March 15, 1913 at Post Falls, Idaho. Parents - James Leonard Dole and Mary Daltie Johnson.
541 12 2416. Issued July 6, 1938.
Viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 1st File No. 13160

Primary Registration District No. 2051 Registered No. 367

FULL NAME OF CHILD Baby Dolese Phebe Dole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 15 1913

FATHER		MOTHER	
FULL NAME	James L. Dole	FULL MAIDEN NAME	Valtie May Johnson
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Morland, Michigan	BIRTHPLACE	Audubon, Iowa
OCCUPATION	Laborer — Saw Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Ten Brook M.D.

(Physician or midwife)

Address Post Falls, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 1913 S. D'Brennan Registrar

S-Y CO. 20174

NOV 13 1970

MAY 10 1971

951 - 215-028-458

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12

File No. 13161

No. ..... St.

Primary Registration District No. 2049

Registered No. 366.

Hospital .....

FULL NAME OF CHILD Not named

Sex of Child: Female

Twin—Triplet—or other? / and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? Yes,

Date of Birth: March 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Reader	FULL MAIDEN NAME	Kate De Young,
RESIDENCE	Harrison, Idaho,	RESIDENCE	Harrison, Idaho,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Hartford Wisconsin	BIRTHPLACE	Holland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 15-1913 at 7 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. F. Campbell M. D.

(Physician or midwife)

Address Harrison

Given names added from a supplemental report.

..... 19.....

Filed 4/10 1913 A D Freeman

S-Y CO. 24655

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1913-278472

NOT

789 - 215 - 028 - 15 - 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Post Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13162

Primary Registration District No. 2051 Registered No. 365

FULL NAME OF CHILD ~~Baby~~ Phillips ADDIE MARIE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		yes	March 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Edgar Phillips	Ida Anderson
RESIDENCE	Spirit Lake	Sp L.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Muskegon Mich	Muskegon Mich
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S. Rindt M.D.

(Physician or midwife)

Address Post Lake

Given names added from a supplemental report

..... 19.....

Filed 4/10 1913 D D Drennan

Registrar

..... Registrar

8-Y CO. 20174

AUG 1 5 2016

299 - 21028-819

Form V. S. No. 11-C 10M-3-13-13

PLACE OF BIRTH

County of Kootenai

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13163

Primary Registration District No. 2049 Registered No. 364

FULL NAME OF CHILD SARAH RUTH BRIDGEMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	Yes	Mar 11th 1913

FATHER	MOTHER
FULL NAME Daniel Bridgeman	FULL MAIDEN NAME Martha Ann Hartell
RESIDENCE Springston Idaho	RESIDENCE Springston Idaho
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Ill	BIRTHPLACE ~~Idaho~~ Oregon
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mar 11th 1913, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Kinney

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 4/10 1913 D. D. Drennan

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of Los Angeles } ss.

Certificate No. 15163

Date Filed 1944

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for SARAH RUTH BRIDGEMAN (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1913 (Date of Event) in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on March 15 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Sarah Ruth Bridgeman

Subscribed and sworn to before me this 11th day of September, 1942.

Signed Martha Ann Bridgeman.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pasadena, Calif.

My commission expires October 1, 1944.
(Seal)

140 So. Lotus Ave., Pasadena, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

SEP 15 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Los Angeles }

Certificate No. 13163

NOV 2 - 1943

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Sarah Ruth Bridgeman (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 11-1913 (DATE OF EVENT)
in Springston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible & Own Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's name	Hartley	Martha Ann Hartill
Mother's birthplace	Ill.	Oregon

Subscribed and sworn to before me this 5th
day of October, 19 43

Notary Public, residing at Pasadena Calif

My commission expires July 26, 1945
(SEAL)

Signed Martha A. Bridgeman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 4 1943

336-110-028-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. Harrison Flat St.

Registration District No. 17 File No. 13164

Primary Registration District No. 2049 Registered No. 363

Hospital

FULL NAME OF CHILD Wallace Stearns Clough

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male				Mar. (Month) 10 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raleigh Stearns Clough	Mabel Marguerette Anderson
RESIDENCE	Harrison Flat, Idaho	Do
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	27 (Years)
BIRTHPLACE	Ludlow Vermont	Fitchburg Mass.
OCCUPATION	Clerk C.O.N.R.Ry.	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Clough

Father (Physician or midwife)

Address Spokane Wash

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/10 1913 S. D. Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

294-109-028-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of S. M. N. Spirit Lake — Registration District No. 12 — File No. 13165

No. ____ St. — Primary Registration District No. 2051 — Registered No. 362

Hospital ____

FULL NAME OF CHILD Charles Kinns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Sing	and	yes	3 – 9 – 1913

FATHER		MOTHER	
FULL NAME	C. W. Kinns	FULL MAIDEN NAME	Laura Catterson
RESIDENCE	S. M. N. Spirit Lake.	RESIDENCE	S. M. N. Spirit Lake.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren L. Moore M. D.

(Physician or midwife)

Address Spirit Lake, Ida.

Given names added from a supplemental report

....19....

Filed 2/4/10 19 13 D. D. Brennan

Registrar

....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Garrard Registration District No. 12 File No. 13166

No. ____, ____ St. Primary Registration District No. 2051 Registered No. 360

Hospital ____

FULL NAME OF CHILD Alford Arnell Flodine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			No	3 / 8 / 13

	FATHER	MOTHER
FULL NAME	Alex Moon	FULL MAIDEN NAME Mary Flodine
RESIDENCE	Craighead	RESIDENCE Garrard
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Ala	BIRTHPLACE Miss
OCCUPATION	None	OCCUPATION Servant Girl

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) A. S. Freeman M.D.

(Physician or Midwife)

Address Paducah

Filed 3/10 19 13 A. S. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

434-106-028-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Medimont

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 13167

Primary Registration District No. 2049

Registered No. 360

FULL NAME OF CHILD Freeman Woodrow Mc. Donald.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	—	Yes.	Mar. 6 1913

FATHER

FULL NAME: Willard Mc. Donald

RESIDENCE: Medimont Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Clarke Co. Kentucky

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Cordelia A. Dobkins

RESIDENCE: Medimont Idaho.

COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Gentry Co. Mo.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Mar. 6-1913 at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/10 1913 D. O. Freeman Registrar

S-Y CO. 24655

MAR 1 2 1962

JUL 22 1949

195-205-028-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12 File No. 13168

No. ____, ____ St.

Primary Registration District No. 2044 Registered No. 309

Hospital

FULL NAME OF CHILD Alice Louise Arnold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 5, 1913

FATHER		MOTHER	
FULL NAME	Harry Arnold	FULL MAIDEN NAME	Maud Nearing
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Canada
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard le Lisle

Physician (Physician or Midwife)

Address Harrison

Given names added from a supplemental report

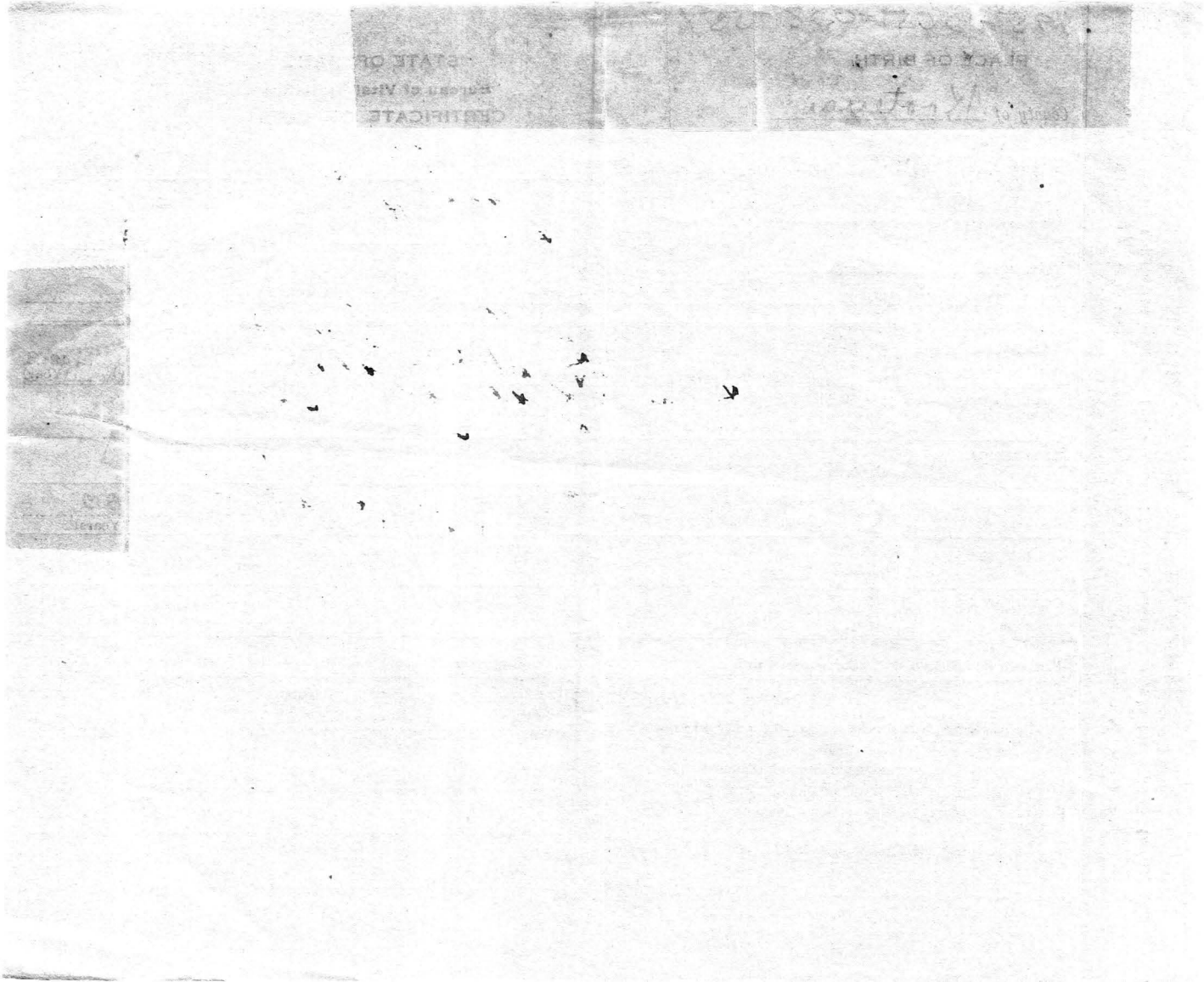
....., 19.....

Registrar

Filed 4/10 1913 J. J. Brennan

Registrar

S-Y CO., 16670



963-205-028-369

Amended 1-23-62

(Be sure the information is complete and accurate)

State File No. 13169
Local Reg. No. 358
Reg. Dist. No. 12

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joe

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joe

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary

b. (Middle): T.

c. (Last): Rocca

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 5, (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Filippo b. (Middle) A. c. (Last) Rocca

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Italy

11a. USUAL OCCUPATION: Mill Hand

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Angela b. (Middle) c. (Last) Torchia

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Italy

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: W. C. Lindsay

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 4/10/1913

20. REGISTRAR'S SIGNATURE: D.D. Drennan

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred WITHIN 10 days after the date of birth of the

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of St Joe

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 4-20-11

Registration District No. 12

File No. 1316

Primary Registration District No. 2044

Registered No. 338

FULL NAME OF CHILD Mary — Rocco

Sex of Child female

Twin, Triplet, or other? Single and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth March 5 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Philip Rocco

RESIDENCE St Joe

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Italy

OCCUPATION Mill Hand

MOTHER

FULL MAIDEN NAME Angela Torchi

RESIDENCE St Joe

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Italy

[redacted]TION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Lindsay

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4/10 1913 D D Freeman

Registrar

S-Y CO., 16670

Registrar

JAN 23 1962

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13169

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Rocco (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1913 (Date of Event)
in St. Joe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Rocco	Mary T. Rocca
Full Name of Father	Phillip Rocca	Filippo A. Rocca
Full Maiden Name of Mother	Angel Torchi	Angela Torchia

Subscribed and sworn to before me this 17th day of January, 1962

Notary Public, residing at San Jose, California

My commission expires Sept 21, 1964 HERBERT J. SOMMERS (Seal)

Signed Angela Torchia
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 - Laswell Ave, San Jose, Calif
(Street Address, City, State)

My Commission Expires Sept. 21, 1964

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January, 1962

Notary Public, residing at San Jose, Cal.

My commission expires Sept 21, 1964 HERBERT J. SOMMERS (Seal)

Signed Mrs. Myron A. Schumacher
(Signature of Any Credible Person)

523 Cortez ave, San Jose 28, Calif
(Street Address, City, State)

FORM DH 60-155 L 1-11-62 1 copy pd.

Connecticut General Life Insurance Co., certificate of Group Surgical Expense Benefits, Sears, Roebuck and Co., cert. no. 572-14-8448, effective date 8-14-50 gives full name as Mary Teresa Rocca - viewed by V.S.

Mutual Fund Associates, San Francisco 4, Calif., transaction date, 4/10/52, settlement date, 4/15/52 gives full name as Miss Mary T. Rocca - viewed by V.S.

Passport, appears old, Comune di Sersale, Estratto Dal Registro Degli Atti Di Nascita 1888, N. 76, Angela Maria Torchia - viewed by V.S.

Passport, appears old, Comune di Sersale, Estratto Dal Registro Degli Atti Di Nascita 1883, N.4, Filippo Angelo Rocca - viewed by V.S.

Another Child's Birth Certificate on file: (Idaho Birth) #1977 gives full names of parent's as Filippo Rocca and Angela Torchia - viewed by V.S.

793-203-028-395

Form V. S. No. 11-C-Jan-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 14 File No. 13170

Primary Registration District No. 2051 Registered No. 357

FULL NAME OF CHILD Elizabeth Melinda Gill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	March 3, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Gill	Hettie A. Timbrook
RESIDENCE	Rathdrum	Rathdrum
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Tenn.	Ark.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Berry

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 1913 D. D. Brennan Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1968

465-102-028-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Lane

No. ——— St.

Hospital Residence

Registration District No. 17

File No. 13171

Primary Registration District No. 2049

Registered No. 356

FULL NAME OF CHILD Not named Maurice Gerald Moe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	4	Yes	Mar. 2, 193

FATHER	MOTHER
FULL NAME Ivar Moe	FULL MAIDEN NAME Nellie ~~Kauffman~~ WHISNER
RESIDENCE Lane Ida	RESIDENCE Lane Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Missouri
OCCUPATION Saloon Man	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lo. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/10 1913 D. D. Freeman

Registrar

S-Y CO., 16670

MAR 26 1943

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census MAR 24 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City LANE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City LANE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) LANE, IDAHO

4. **FULL NAME OF CHILD** MAURICE GERALD MOE

5. Date of Birth of Child (Month, day, year) MARCH 2-1943

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** IVER ELIAS MOE
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace OSSEO (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation SALOON KEEPER
15. Industry or Business SALOON

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE MAUDE WHISNER
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO, County of KOOTENAI } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that DR. WORTHINGTON (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iver E Moe Signature

LANE, IDAHO P. O. Address

Subscribed and sworn to before me this 10 day of March, 1943

(SEAL) [signature], Notary Public, residing at [illegible]

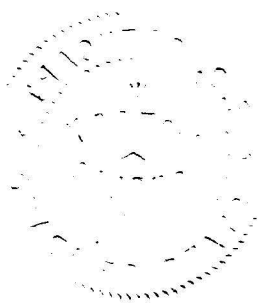
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



265-102-028-55-1

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12

File No. 13172

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 385

Hospital ____

FULL NAME OF CHILD Lenard Flemming Sweem

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 2, 1913

FATHER		MOTHER	
FULL NAME	Lenard Sweem	FULL MAIDEN NAME	Margaret Kearney
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Lisle

Physician

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

....., 19.....

Filed 4/10 19 13 D. D. Greenman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

245-
029-05

BUREAU OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

Hospital St. Maries

Registration District No. 12

Primary Registration District No. 2049

File No. 13173

Registered No. 354

FULL NAME OF CHILD John George Kueber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	3 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Vincent Kueber	FULL MAIDEN NAME	Minnie Moser
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Perham, Minn	BIRTHPLACE	Dose South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address St. Maries, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/12 19 16 D. D. Sawyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

695-124-028-453

PLACE OF BIRTH

Form V. S. No. 11-C—15m-3-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Treffry

No. ..... St.

Registration District No. 14 File No. 13174

Primary Registration District No. 2049 Registered No. 353

Hospital .....

FULL NAME OF CHILD John Morris Fields

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				July 24 1913

	FATHER	MOTHER
FULL NAME	Lu Fields	FULL MAIDEN NAME Jennie Estelle Meldo
RESIDENCE	Treffry	RESIDENCE Treffry
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Maywood Wash	BIRTHPLACE Heppner Ore
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernestine J Hicks-Garl

(Physician or Midwife)

Address Treffry Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/10 1913 D D Freeman

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1942

513-223 455

PLACE OF B[redacted]

Form V. S. No. 11-C—Rev. 3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

Registration District No. 24 File No. 13175

No. ..... St.

Primary Registration District No. 2099 Registered No. 79

Hospital .....

FULL NAME OF CHILD Willmoth Nate

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 23 1913

FATHER		MOTHER	
FULL NAME	Geo. F. Nate	FULL MAIDEN NAME	Electa Meeks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dingle, Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12.30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~Mid-wife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

Filed May 6 1913 A P Cooley Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 5 1973

271-129-004-369

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13176

Primary Registration District No. 2099 Registered No. 77

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Hyrum Sparks	Myrtle Cook
RESIDENCE	Dingle	Dingle
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Dingle	Dingle
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~midwife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 A. P. Cooley

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-231-004-612

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Dingle
No. ..... St.
Hospital .....

AMENDED 10-24-45

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13177
Primary Registration District No. 2099 Registered No. 75

FULL NAME OF CHILD Selena Marie Sparks
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 21, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Geo. Henery Sparks	FULL MAIDEN NAME: Maida C. Oakey
RESIDENCE: Dingle	RESIDENCE: Dingle
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Marsh Valley, Ida.	BIRTHPLACE: Ceder Fort, Ut.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Ashley S. Corley

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed May 8, 1913 A. D. Cooley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 1317

Primary Registration District No. 2099 Registered No. 75

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 20 1913

FATHER	MOTHER
FULL NAME: Geo. Henry Sparks	FULL MAIDEN NAME: Mada C. Oakey
RESIDENCE: Dingle	RESIDENCE: Dingle
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Marsh Valley. Ida.	BIRTHPLACE: Cedar Fort. Ut.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley G Cooley

(Physician or ~~midwife~~)

Address Montpelier. Ida.

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 A P Cooley

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 13177

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sparks (Name on Original Certificate) who born (Was Born or Died) on April 21, 1913 (Date of Event)
in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Sparks	Selena Marie Sparks
Birthdate	April 20, 1913	April 21, 1913

Subscribed and sworn to before me this 20 day of Oct, 1945
Notary Public, residing at Nampa Ida
My commission expires Sept. 5-1945
(Seal)

Signed Maida O. Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Oct, 1945
Notary Public, residing at Nampa Idaho
My commission expires Sept 5-1945
(Seal)

Signed A L Ketterer
(Signature of Any Credible Person)
Rt 22 Nampa Ida Boise
(Street Address, City, State)

269-119-004-65-1

Form V. S. No. 11-G—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13178

Primary Registration District No. 2099 Registered No. 67

FULL NAME OF CHILD Elmer Jasper Sorenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	April 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Sorenson	FULL MAIDEN NAME	Jane Weaver
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10, 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley G. Cooley

(Physician or ~~midwife~~)

Address Montpelier Ida.

Given names added from a supplemental report

....., 19.....

Filed May 2 1913 A P Cooley

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-207-004-271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 24 — 1

File No. 13179

Primary Registration District No. 2099

Registered No. 58

FULL NAME OF CHILD Dora Wilcox

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
girl			Yes	June 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Grant E Wilcox	FULL MAIDEN NAME	Goldie Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Soda Springs Idaho	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ashley P Cooley (Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 6 1913 A P Cooley Registrar

8-Y CO. 20174

765-201-004-981

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

County of Bear Lake

Amended 7/21/75 CERTIFICATE OF BIRTH

City of Montpelier

Registration District No. 24 File No. 13180

No. ____, ____ St.

Primary Registration District No. 2098 Registered No. 47

Hospital ____

FULL NAME OF CHILD Boy Eldene Mary Gove

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4, 1, 1913

FATHER		MOTHER	
FULL NAME	Clarence B. Gove	FULL MAIDEN NAME	Mary Ryan
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	U.S.	BIRTHPLACE	U.S.
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:07 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Gove

Phy Ryan

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4-7-, 1913 Address Montpelier Ida

Filed 4-28 1913

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

JUL

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 11 22 AM '75

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette }

Certificate No. 13180

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gove (female) (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eldean ~~me~~ Mary Gove
mother's name	Minnie Ryan	Mary Ryan

Subscribed and sworn to before me this 2nd day of June, 1975

Notary Public, residing at New Plymouth, Ida.
My commission expires 6-1-78
(Seal)

Signed Robert B. Dodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

121 Hawthorne Ave, New Plymouth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 1975

Notary Public, residing at New Plymouth, Ida.
My commission expires 6-1-78
(Seal)

Signed Henry H Ball
(Signature of Any Credible Person)

130 Linden St. New Plymouth Idaho
(Street Address, City, State)

FORM DH 60-155 GL 4/28/75 nm

Certif. of Baptism from Church of Blessed Sacrament, gives name as Eldeene Marie Gove child of Bruce Gove and Mary Ryan. born April 1, 1913. Baptized April 13, 1913. viewed by V. S.

JUL 21 1975

Transcript from University of Idaho gives name as ~~KMX~~ Eldene Marie Gove. father name as Bruce Gove and mother's name as Mary Ryan Gove. born April 1, 1913. ~~dx~~ dated 1936-1937. viewed by V. S.

Own son's birth certif from Idaho (feil No. 50-3043) give mother's name as ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ Eldene Marie Gove. boy's name given as Robert Bruce Dodson. viewed by V. S.

266-207-004-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

*No*_____, _____ *St.*

Hospital _____

Registration District No 24 **File No.** 13181

Primary Registration District No. 2098 **Registered No.** 57

FULL NAME OF CHILD Virgie Elizabeth Boothe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	April 7th, 1913

	FATHER	MOTHER
FULL NAME	Louis Boothe	Laura May Sorensen
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah.	Idaho
OCCUPATION	Stationary Engineer D.S.L.R.R. Co	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Klug M.D.

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

Montpelier 4-7-, 1913

W. H. Klug M.D.

Registrar

Filed ..... 19 .....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 2 6 1973

249-215-004-443

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13182

Primary Registration District No. 2098 Registered No. 53

FULL NAME OF CHILD Ruth Ivy Burt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Apr. 15th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred J. Burt	FULL MAIDEN NAME	Daisy C. Mullens
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	R.R. Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Thurman M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4/15/1913

Address

H. H. Thurman M.D.

Registrar

Filed May 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

735-206-004-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13183

Registration District No. 24 File No. 13183

Primary Registration District No. 2098. Registered No. 48

FULL NAME OF CHILD Marian Frances Glenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	April 6th 1913

FATHER		MOTHER	
FULL NAME	Frank J. Glenn	FULL MAIDEN NAME	Lucretia Buchanan
RESIDENCE	Montpelier	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Nebraska
OCCUPATION	Clerk O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 2:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Glenn M.D.

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4-7-1913

H. H. Glenn M.D.

Address ____

Filed May 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

STATE OF IDAHO

MAY 5 1955

AUG 9 1955

515-115-004-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 13184

Primary Registration District No. 2098.

Registered No. 52

FULL NAME OF CHILD John Van Orman Jr.

Sex of Child Male. | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth Apr. 15th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Van Orman	FULL MAIDEN NAME	Dorothy Miller
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 4 15 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Stringham M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4/15, 1913

A. A. Stringham M.D.

Registrar

Address Montpelier Idaho.

Filed May 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 26 1948

463-130-004-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Registration District No. 24 File No. 13185

Primary Registration District No. 2098 Registered No. 73

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 30th 1913

FATHER		MOTHER	
FULL NAME	J. D. Mott	FULL MAIDEN NAME	Lottie Smith
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Montpelier
OCCUPATION	Engeer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley S. Cooley

(Physician or ~~midwife~~)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 A P Cooley

Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-106-004-219

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 13186

Primary Registration District No. 2098 Registered No. 78

FULL NAME OF CHILD Noel Howard Richardson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	April 6 1913

FATHER		MOTHER	
FULL NAME	H. R. Richardson	FULL MAIDEN NAME	Eva Baron
RESIDENCE	Inkom, Ida.	RESIDENCE	Inkom, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neely, Ida.	BIRTHPLACE	Montpelier,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E. Corley

(Physician ~~or midwife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 A. E. Cooley

..... Registrar

S-Y CO. 20174

..... Registrar

MAKE RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1956

523-213-004-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13187

Primary Registration District No. 2092 Registered No. 605

FULL NAME OF CHILD Rumfred Eschler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gottfried Eschler	Rosa Rumpf
RESIDENCE	Paris	Paris
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	53	43
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley M. D.
(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 8 1913 A. D. Cooley Registrar

8-Y CO. 20174

MAY 3 1973

585-206-004-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 13188

Primary Registration District No. 2042 Registered No. 54

FULL NAME OF CHILD Beth Nye

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	April 4 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Nye	FULL MAIDEN NAME	Elizabeth Broughton
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Petersboro Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E Cooley

(Physician or midwife)

Address Paris Ida.

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 A E Cooley Registrar

..... Registrar

8-Y CO. 20174

JAN 31 1975

238-104-004-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13189

Primary Registration District No. 2092 Registered No. 57

FULL NAME OF CHILD Martin Humphreys Schwab

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mal			Yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Martin Schwab	FULL MAIDEN NAME	Melvina Schwab
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

(Physician or midwife)

Address Paris, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 8 1913 A P Cooley Registrar

S-Y CO. 20174

753-103-004-362

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 24

Primary Registration District No. 2092

File No. 13190

Registered No. 61

Hospital .....

FULL NAME OF CHILD Russell C. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	April 3 1913

FATHER		MOTHER	
FULL NAME	Joseph Peterson	FULL MAIDEN NAME	Dessie Hodkings
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D. Cooley M.D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 A.D. Cooley Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-123-004-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13191

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 24 File No. .....

Primary Registration District No. 2092 Registered No. 64

FULL NAME OF CHILD Grant Le Roy Wallantine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	April 23 1913

FATHER	MOTHER
FULL NAME Wm L. Wallantine	FULL MAIDEN NAME Bertha A. Lewis
RESIDENCE Paris	RESIDENCE Paris
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Paris	BIRTHPLACE Paris
OCCUPATION farmer	OCCUPATION wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley M.D.
(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed May 8 1913

A.D. Cooley
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-218-004-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ____ St.

Registration District No. 24 File No. 13192

Primary Registration District No. 2093 Registered No. 76

Hospital ____

FULL NAME OF CHILD Carl Hyman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson Hyman	Emma Humberg
RESIDENCE	Liberty	Liberty
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Hyde Park, Ut.	Paris
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~midwife~~)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 A. E. Cooley

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699 - 131 - 004 - 313

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13193

Primary Registration District No. 2093 Registered No. 55

FULL NAME OF CHILD Elmo Walkins Orr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 31 1913

FATHER		MOTHER	
FULL NAME	David Jon	FULL MAIDEN NAME	Edna M. Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Keeps

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 2 1913 A D Cooley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D51-2187

241-201-004-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13194

Primary Registration District No. 2096 Registered No. 50

FULL NAME OF CHILD Eva Effie Smart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	April 1 (Month) (Day) 1913. (Year)

FATHER		MOTHER	
FULL NAME	Abel Smart	FULL MAIDEN NAME	Emma Irene Staley
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	65 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	England	BIRTHPLACE	Coalville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 A D Cooley Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

RESERVED FOR BINDING

THIS IS A PERMANENT RECORD

386-226-004-319 Amended 10/24/73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown Registration District No. 24 File No. 13195

No. ..... St.

Primary Registration District No. 296 Registered No. 74

Hospital .....

FULL NAME OF CHILD Thora Elizabeth Thompson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abe. M. Thompson	Mable E. Larsen
RESIDENCE	Georgetown	Georgetown
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Bloomington, Ida.	Georgetown
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E. Corley

(Physician or ~~midwife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

Filed May 8 19 13 A E Cosby Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1961

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 15 12 37 PM '73

State of Idaho
County of Bear Lake } ss.

Certificate No. 13195

Date Filed 10, 10 73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thora Elizabeth Thompson (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1913 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	male	female

Subscribed and sworn to before me this 10 day of Oct, 19 73

Notary Public, residing at Salt Lake City

My commission expires Feb. 8-1977

(Seal)

Signed Mabel Thompson mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/12/73 1cc pd.

Certificate of Blessing from LDS Gives name as Thora Elizabeth Thompson daughter of Abraham Thompson and Mable Larson. Born April 26, 1913. at Georgetown, Idaho. Was Blessed July 6, 1913. Viewed by V. S.

OCT 24 1973

Own child's birth certif. on file in Idaho (#256674) gives mother's name as Thora Thom pson. Viewed by V. S.

365- 119-004-155-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13196

Primary Registration District No. 2090 Registered No. 54

FULL NAME OF CHILD Leslie Paul Loveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	April 19 1913

FATHER		MOTHER	
FULL NAME	Le Roy Loveland	FULL MAIDEN NAME	Cinnie Jensen
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Garden City Ut.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 W D Cooley

Registrar

.....

Registrar

5-Y CO. 20174

AUG 23 1965

747-207-004-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13197

Primary Registration District No. 2090 Registered No. 49

FULL NAME OF CHILD ARTELLA BATEMAN PUGMIRE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	4 — 7 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie G. Pugmire	Lucy M. Bateman
RESIDENCE	St Charles Idaho	St Charles
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F Rich

M. D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report

....., 19.....

Filed May 2 1913 A P Cooley

Registrar

.....

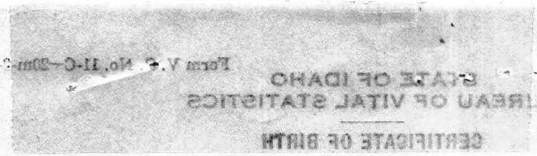
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dup of 1913-12580

DUP OF 1913-12580

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

FEB 6 1969

Bureau of Vital Statistics

Certificate No. 13197

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Pugmire (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1913 (Date of Event)

in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Artell Bateman Pugmire
		Artella Bateman Pugmire

Subscribed and sworn to before me this.....day of

....., 19.....

.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed Susan M. Bateman Pugmire

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of

....., 19.....

.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 3 copies pd Rec 6215 L.1-16-69 A

FEB 11 1969

Certificate of Birth issued by the L. D. S. Church
Salt Lake City, Utah on Jan 25, 1969 gives
the following:

Artella Bateman Pugmire born April 7, 1913 at St. Charles,
Idaho was blessed June 1, 1913. viewed by V.S.

Social Security Card #528-01-4326 gives name as
Artella Bateman Pugmire Turley. viewed by V.S.

3856 - 103-004-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Registration District No. 24 File No. 13198

Primary Registration District No. 2091 Registered No. 54

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 3 1913

FATHER		MOTHER	
FULL NAME	James A Shamick	FULL MAIDEN NAME	Bertha Christensen
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 2b. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley P Cooley (Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 8 1913 A P Cooley Registrar

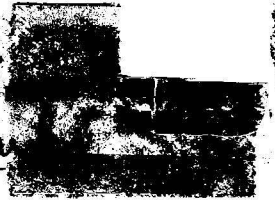
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-111
030-593



PLACE OF

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lem

City of Salmon

Registration District No. 27 File No. 13199

No. ....., ... St.

Primary Registration District No. 2116 Registered No. 14

Hospital .....

FULL NAME OF CHILD Richard Munkres

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	Date of birth: 4 (Month) - 11 (Day), 1913 (Year)	

FATHER		MOTHER	
FULL NAME	Frank Munkres	FULL MAIDEN NAME	Leah Nichols
RESIDENCE	Carmen, Ida	RESIDENCE	Carmen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:02 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Stratton, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

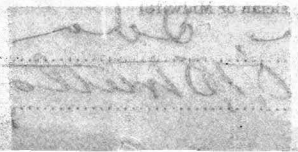
Address Salmon, Ida

Filed 4/14 1913 O. B. Stratton

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Certified copy issued 2-17-1941. dp



785-127-030-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy, Idaho.

Registration District No. 27 — File No. 13200

No. ____, ____ St.

Primary Registration District No. 216 — Registered No. 13

Hospital ____

FULL NAME OF CHILD John Allen Tygatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes.	3	27	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Allen Tygatt	Laura Emma Householder
RESIDENCE	Lemhi, Idaho.	Lemhi, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Tendoy, Idaho	Oakmont, Penna.
OCCUPATION	Ranch Foreman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, M.D.

(Physician or Midwife)

Address Salmon Ida.

Given names added from a supplemental report

....., 19.....

Filed 4/14 1913 O. P. Stratton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 12 1943

312-223-030-699

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 13201

Primary Registration District No. 2116 Registered No. 15

FULL NAME OF CHILD Helen Hoyt Casterlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 23 1913

FATHER

FULL NAME: Earl Hoyt Casterlin

RESIDENCE: Salmon

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Mich

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Helen Fiske

RESIDENCE: Salmon

COLOR: white AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ky

OCCUPATION: Housework

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Wright M.D.

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 4/30 1913 Helen L. Smith Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1954

JUL 19 1954

693-128-030-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 27 File No. 13202

Primary Registration District No. 2153 Registered No. 16

FULL NAME OF CHILD Frank Amo Williams

Sex of Child: Male	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)		Legitimate? Yes	Date of birth: April 28 (Month) (Day)	(Year)

	FATHER	MOTHER
FULL NAME	John Earle Williams	FULL MAIDEN NAME Maybe Parke.
RESIDENCE	Gilmore, Idaho.	RESIDENCE Gilmore, Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Wellsville-Cache Valley-Utah	BIRTHPLACE Ekton D. D.
OCCUPATION	Miner.	OCCUPATION Housewife.

Number of child of this mother, including present birth Two (2)

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Coleman M.D.

Gilmore, Idaho.

(Physician or Midwife)

Address Gilmore, Idaho.

Given names added from a supplemental report

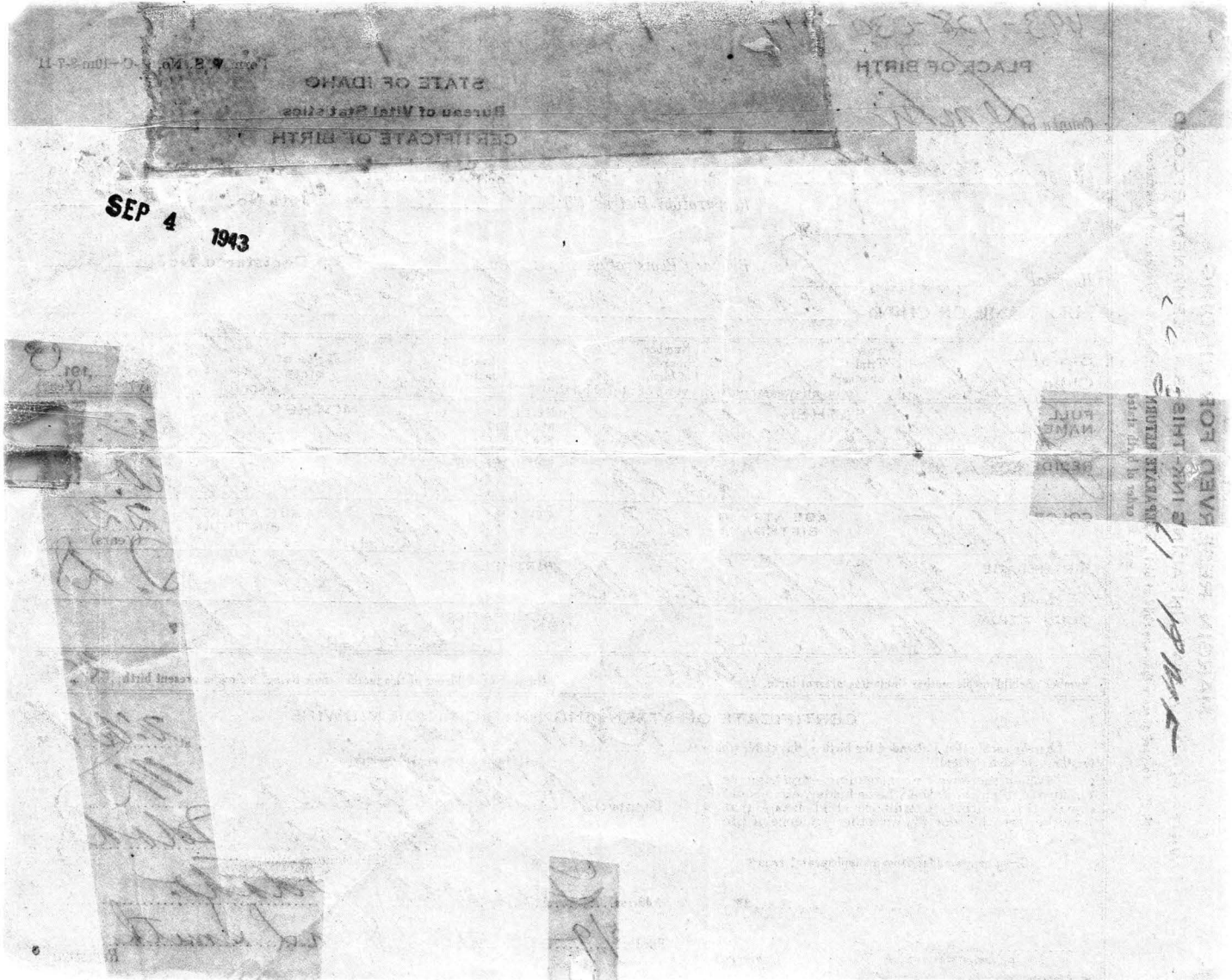
....., 19.....

Filed 5/9 1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar



669-103-025-522

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kentonville Precinct

Registration District No ~~2042~~ 10 File No. 13203

No ..... St.

Primary Registration District No. ~~20~~ 2042 Registered No. 293

Hospital .....

FULL NAME OF CHILD Alvin Joseph Boosmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 3 1913

FATHER		MOTHER	
FULL NAME	Henry Boosmann	FULL MAIDEN NAME	Mary Katherine Ecker
RESIDENCE	Kentonville, Idaho.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Wife only.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A.M. on the date above stated.

(Signature) Henry B Blake

(Physician or ~~Midwife~~)

Address Kentonville, Idaho.

Filed April 4 1913 Jesse E Ramo per Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-12

File No. 13203

NAME OF CHILD

Twin, Triplet or others?

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, first, second, third?

I hereby certify that I attended the birth of this child, born alive at
on the date above stated.

*While there was no marriage between the father and mother, the latter was at the time of conception and birth of the child, and has ever since been, the lawful wife of the former.

Registrar

246-207-035-653

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. ~~7001~~ 10 File No. 13204

No. — St.

Primary Registration District No. ~~70~~ 2042 Registered No. 794

Hospital

FULL NAME OF CHILD Dorothy Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	6th	Yes	June 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dixon H Brown	Belle Wellborn
RESIDENCE	Ferdinand Idaho	Ferdinand Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	N. C.	N. C.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Russell Truitt

Phys
(Physician or midwife)

Address Cottonwood Idaho

Filed April 1st 1913 Jean L Rams
Registrar
Jos Bldg

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1963

693-105-025-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho
City of Cottonwood
No. ..... St.
Hospital .....

AMENDED May 7, 1947

Registration District No. 10
Primary Registration District No. 2042

File No. 1320
Registered No. 298

FULL NAME OF CHILD Dale Edward Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	April 8 (Month) (Day) 1913 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur M. Williams	FULL MAIDEN NAME	Ella Goodman
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Pancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick, M.D.
(Physician or midwife)

Address Cottonwood, Idaho

Filed Apr. 12 192 1913 Jesse S. Rains
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 1320

Primary Registration District No. 2042 Registered No. 295

FULL NAME OF CHILD Dale Edward Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	April 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur M. Williams	Ella Isabel Moss
RESIDENCE	Cottonwood	Cottonwood
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. D. Shumick M.D.

(Physician or Midwife)

Address Cottonwood Idaho

Filed Apr 12 1913 Jesse L Rains Registrar

per Mud Sub Reg

S-Y CO., 16670

FEB 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 13205

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Dale Edward Williams (Name on Original Certificate) who was Born (Was Born or Died) on April 8 1913 (Date of Event) in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1947 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dale Edward Williams
birthdate	Apr. ~~xx~~ 9	April 8 1913

Subscribed and sworn to before me this 2 day of May, 1947

Paul H. Hyatt
Notary Public, residing at Lewiston Ida

My commission expires Jan 1, 1949
(Seal)

Signed A M Williams
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

Sweetwater Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 19[illegible]

NOV 2 1976

164-113-025-345

Form V. S. No. 11-C—2m-2-15-12

PLACE OF BIRTH

City County of Cottonwood

~~City of~~ Idaho County

No. ..... St.

Hospital private home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 13206

Primary Registration District No. ~~2042~~ Registered No. 296

FULL NAME OF CHILD Kenneth Wilbur Joubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	April 13 1913

FATHER	MOTHER
FULL NAME: Edmond Marshall Joubert	FULL MAIDEN NAME: Caroline Francis ~~Turnbull~~
RESIDENCE: Lucile Ida.	RESIDENCE: Lucile, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Lasalle, France.	BIRTHPLACE: Lucile Ida.
OCCUPATION: rancher	OCCUPATION: house wife

Number of child of this mother, including present birth: 3rd.

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr 20 1913

Jesse E Ramsey
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }ss.
County of Spokane }

Certificate No. 13206
Date Filed 5.12.42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wilbur Joubert (Name on Original Certificate) who Born (Was Born ~~or Died~~) on April 13, 1913. (Date of Event)
in Lucille Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, ~~Insurance Policy,~~ Etc.) prepared on April, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wilbur	Wilbur Kenneth Joubert

Subscribed and sworn to before me this 12
day of May 1942
Winnifred McPherson
Notary Public, residing at Spokane
My commission expires Aug 7-1944
(Seal)

Signed Mrs Caroline F Gratte.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R 1 # Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of May 1942
Winnifred McPherson
Notary Public, residing at Spokane, Wash.
My commission expires Aug 7-1944
(Seal)

Signed Rosa Fenn
(Signature of Any Credible Person Other Than Previous Year)
R. 2023 - 3 Ave
(Street Address, City, State)
Spokane, Wash.

MAY 15 1942

495-102-025-312

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. ~~2045~~ 10 File No. 13207

No. ..... St.

Primary Registration District No. ~~2042~~ Registered No. 297

Hospital Home

FULL NAME OF CHILD Jacob Raymond Dreps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 2nd. 1913

FATHER	MOTHER
FULL NAME: Frank Dreps	FULL MAIDEN NAME: Susanna Casse
RESIDENCE: Cottonwood, Ida.	RESIDENCE: Cottonwood, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: E 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: St. John, Wis.	BIRTHPLACE: Sheboygan, Wis.
OCCUPATION: Miller	OCCUPATION: Housewife

Number of child of this mother, including present birth 4th.

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 11:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho,

Filed Apl. 4 1913 Jesse E. Rains Registrar per Blk

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 5 1942

366-228-025-384

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Collaver Rd

Registration District No. ~~2042~~ 10 File No. 13208

No. —, —St.

Primary Registration District No. ~~22~~ 2042 Registered No. 198

Hospital —

FULL NAME OF CHILD Edith Beloh Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	May 25, 191[illegible]

FATHER	MOTHER
FULL NAME: Benjamin Cooper	FULL MAIDEN NAME: Frances Church
RESIDENCE: Collaver Rd Idaho	RESIDENCE: Collaver Rd Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Don't Know	BIRTHPLACE: Don't Know
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shumaker M.D.

(Physician or ~~Midwife~~)

Address Collaver Rd Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 1st 1913 Jesse E Rains Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 29 1950

692 - 114-025-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Clearwater P.O.

No. Mountain House Ste

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13209

Primary Registration District No. 7101 Registered No. 299

FULL NAME OF CHILD Arthur Ronald Wisner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	April 14th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Irvine Ray Wisner	FULL MAIDEN NAME: Ella Hansen
RESIDENCE: Clearwater Idaho	RESIDENCE: Clearwater
COLOR: White. Scotch	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Saganaw Michigan	BIRTHPLACE: Colville Wash. Stevens Co
OCCUPATION: Farmer	OCCUPATION: Farmer

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive When Born (Born alive or stillborn) at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvine Ray Wisner

(Physician or midwife) ~~To Prac~~

Address Mountain House Clearwater P O

Given names added from a supplemental report

19

Registrar

Filed May 3 1913 Grace L Rams Registrar

S-Y CO. 20174

11-4-41
11-5-41

693 - 204 - 025 - 294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 1101 10 File No. 13210

Primary Registration District No. 2043 Registered No. 300

FULL NAME OF CHILD Delma Adeline Fitting

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Thomas Fitting	FULL MAIDEN NAME	Grace Kidder
RESIDENCE	Lahoe Ridge	RESIDENCE	Lahoe Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck MD

(Physician or ~~midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed April 21 1913 J.M. Verbeck MD
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1942

742-205-025-127

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. ~~3744~~ 10

File No. 13211

Primary Registration District No. 2043

Registered No. 301

FULL NAME OF CHILD Velma Odeta Gustin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 5 1913

FATHER		MOTHER	
FULL NAME	J. R. Gustin	FULL MAIDEN NAME	Susan Aspaugh
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeckmoes

(Physician ~~or midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed April 21 1913 J. M. Verbeckmoes
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

MAY 16 1945

438-214-025-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 10 ~~1041~~ File No. 13212

Primary Registration District No. 2043 Registered No. ~~5~~ 302

FULL NAME OF CHILD Georgia Roberta Mc Quilliams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	April 17 1913

FATHER		MOTHER	
FULL NAME	Frank McQuilliams	FULL MAIDEN NAME	Mytelle Keith
RESIDENCE	Weg. Pierce	RESIDENCE	Weg Pierce
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verbeck M.D.

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed April 21 1913 J.M. Verbeck M.D.

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

855-226-055-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. ~~2104~~ 10 File No. 13213

Primary Registration District No. 2043 Registered No. 303

FULL NAME OF CHILD Berna Alma Hendren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		yes	April 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Hendren	FULL MAIDEN NAME	Bertha Morse
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1 1/2 p. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hubbenthal

(Physician ~~or midwife~~)

Address Kooskia, Idaho

Given names added from a supplemental report

..... 19.....

Filed April 31 1913 J. M. Hubbenthal Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849 - 129-025-655

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 10 ~~2704~~ File No. 13214

Primary Registration District No. 2043 Registered No. ~~72~~ 304

FULL NAME OF CHILD Frederick Fenn Quist.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 29 1913

FATHER		MOTHER	
FULL NAME	Frederick Edmond Quist	FULL MAIDEN NAME	Allene Fenn
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

(Signature) J.M. Verbenmoes

(Physician ~~or midwife~~)

Address Kooskia, Idaho

Filed April 31 1913 J.M. Verbenmoes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1947

AUG 8 1967

255-106-025-133

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13215

Primary Registration District No. 7044 Registered No. 305

FULL NAME OF CHILD George Swarz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 6 1913

FATHER		MOTHER	
FULL NAME	Albert J Swarz	FULL MAIDEN NAME	Anna Ruth Allen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 Grace P. Rains
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of twins or more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-304638

753 - 204-025.367

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Registration District No. 10 File No. 13216

Primary Registration District No. 2044 Registered No. 306

Hospital _____

FULL NAME OF CHILD Charlotte May Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Peterson	May E Cooper
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 Rose L. Rains

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 6 1963

266-207-025-364

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13217

Primary Registration District No. 2044 Registered No. 307

FULL NAME OF CHILD Bernice Velma Bowser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 7 1913

FATHER		MOTHER	
FULL NAME	George Bowser	FULL MAIDEN NAME	Laura Cady
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed May 8 1913 Jesse L Rains Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	

251 - 113-025-289

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13218

Primary Registration District No. 2044 Registered No. 208

FULL NAME OF CHILD Richard Calvin Seay

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Seay	Clora Shindle
RESIDENCE	Mt Idaho	Mt Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	Arkansas	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed May 8 1913 Jesse L Rains Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1968

APR 3 1953

5/14/41 L. B.

238-922-025-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 0 File No. 13219

No. ____ St.

Primary Registration District No. 0044 Registered No. 309

Hospital

FULL NAME OF CHILD Frederick Anderson Schultz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Augusta F Schultze	Nellie Long
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Illinois	Washington
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 Jesse L Evans Registrar

..... Registrar

8-Y CO. 20174

JUL 12 1965

816 - 114-025 - 283

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Elk City

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13223

Primary Registration District No. ..... Registered No. 313

FULL NAME OF CHILD Raymond Richard Hawkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		2nd	yes	Febr 14 1913

FATHER	MOTHER
FULL NAME Frank M. Hawkins	FULL MAIDEN NAME Lila Bell Sylvester
RESIDENCE Elk City, Idaho	RESIDENCE Elk City, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Montana
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M. D.

Physician (Physician or midwife)

Address Elk City, Idaho

Filed May 10 1913 Jesse L. Rains Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Missoula — Registration District No. 28 — File No. 13224

No. ____ St. — Primary Registration District No. 1011 — Registered No. 19

Hospital Providence

FULL NAME OF CHILD John Emmert Schmidt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 27th, 1913

FATHER		MOTHER	
FULL NAME	Earnest Schmidt	FULL MAIDEN NAME	Dora Dunsley
RESIDENCE	Black Bear Colorado	RESIDENCE	Bear Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 2, 1913 S. T. Lee Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 27 1942

JAN 24 1975

5-53-133-040-5-99

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 13225

No. St.

Hospital Providence Primary Registration District No. 1611 Registered No. 20

FULL NAME OF CHILD ~~Wallace~~ ~~Robert~~ ~~Boyd~~ George Edward Boyd Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	3rd	Yes	May 23, 1913

	FATHER	MOTHER
FULL NAME	Peter Nelson	FULL MAIDEN NAME Augusta Ericson
RESIDENCE	Burke Ida.	RESIDENCE Burke Ida.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Minnesota
OCCUPATION	Miner	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry Physicians

(Physician or Midwife)

Address Wallace, Ida.

Given name added from a supplemental report

....., 19.....

Filed April 3, 1913 Leo Langley Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1942

JUN 16 1948

699-127-040-366

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 13226

No. ____, River St.

Primary Registration District No. 111 Registered No. 24

Hospital ____

FULL NAME OF CHILD Edwin Richard Wright

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	One	2nd	Yes	Mar 27 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Archie Edmond Wright	FULL MAIDEN NAME Fay Goldie Coolidge
RESIDENCE	Wallace Ida	RESIDENCE Wallace
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE Penn
OCCUPATION	R.R. Wiper	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

(Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed April 3 1913 H. Leo Linsley

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 10 1944

231-120-040-299

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13227

No. Nine Mile St.

Primary Registration District No. 1411

Registered No. 22

Hospital —

FULL NAME OF CHILD Eugene Wallace Blackwell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	4	Yes	Mar 30, 1913

	FATHER	MOTHER
FULL NAME	Wilmot Stanley Blackwell	FULL MAIDEN NAME Ethel Snyder
RESIDENCE	Wallace Idaho	RESIDENCE Wallace Ida
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	30 (Years)	29 (Years)
BIRTHPLACE	England	England
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1130a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed April 3, 1913 F. L. Snyder

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 26 1942

863-707-040-893

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 13228

No. ——— St.

Primary Registration District No. 1911

Registered No. 23

Hospital Providence

FULL NAME OF CHILD Infant Child Hilliard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	No	Apr 3 1913

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Hortense Killian
RESIDENCE		RESIDENCE	Gem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Kansas
OCCUPATION	Miner	OCCUPATION	School girl

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive Full Term (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

Filed April 5, 1913 J. F. Leadingham

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

133 - 105 - 040 - 317

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Metropolitan Hotel St.

Hospital

Registration District No. 28 File No. 13229

Primary Registration District No. 1011 Registered No. 24

FULL NAME OF CHILD Edward William Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	APR 5 1913

	FATHER	MOTHER
FULL NAME	Joseph Allen	FULL MAIDEN NAME: Carrie Edith Cagle
RESIDENCE	Pritchard, Idaho.	Pritchard, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	29 (Years)
BIRTHPLACE	Massachusetts	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hansen

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 7, 1913. F. Leo Dunphy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 29 1944

413-16-040-691

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 13230

No. ____, ____ St.

Primary Registration District No. 1811

Registered No. 22

Hospital Hope

FULL NAME OF CHILD Donald Buckley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	April 16, 19[illegible]

FATHER		MOTHER	
FULL NAME	Elvon Leonard Buckley	FULL MAIDEN NAME	Gertie Mildred Yeager
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Ontario, Canada
OCCUPATION	Dist Manager United Fruit Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Son Alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

(Signature) Howard E. Hamer M.D.

(Physician or Midwife)

Address [illegible]

Filed April 17, 1930 A. Leo Dwyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619 - 215-040-237

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. D-C- [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone Co

City of Wallace

Registration District No. 28

File No. 13231

No. ____, ____ St.

Primary Registration District No. 1011

Registered No. 2

Hospital Providence

FULL NAME OF CHILD Dorothy Farris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 15th 1913

FATHER		MOTHER	
FULL NAME	John Farris	FULL MAIDEN NAME	Lucy St Germain
RESIDENCE	Wallace	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Michigan
OCCUPATION	Clerk	OCCUPATION	—

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) April 15th 1913

C. S. Stone MD (Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed April 20 1913 A. L. Dougherty Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 6 1975

866-188-040-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Osburn

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 28 File No. 13232

Primary Registration District No. 1811 Registered No. 27

FULL NAME OF CHILD Charles Neff, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	April 18, 1913

FATHER		MOTHER	
FULL NAME	Charles Neff	FULL MAIDEN NAME	Birta Hall
RESIDENCE	Osburn, Ida	RESIDENCE	Osburn, Ida
COLOR	Wht.	COLOR	Wht
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Mine Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Tramon M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 22, 1913 A. Leo Dunphy Registrar

S-Y CO., 16670

OCT 17 1951

OCT 17 1951

244-216-040-437

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. [illegible] St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 28

File No. 13233

Primary Registration District No. 1 [illegible]

Registered No. 28

FULL NAME OF CHILD Josephine May Budd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	one	1st	Yes	Apr. 16, 1913 (Month, Day, Year)

	FATHER	MOTHER
FULL NAME	Joseph Budd	Lona McGuire
RESIDENCE	Wallace Ida	Wallace Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY	28 (Years)	19 (Years)
BIRTHPLACE		Missouri
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:40 A. M. on the date above stated.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address Wallace Idaho

Filed April 20 1913 F. Lee Tansley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1945

439-116-040-592

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Providence

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28

File No. 13234

Primary Registration District No. 1011

Registered No. 29

FULL NAME OF CHILD James McIntosh

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	1st	yes	April 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph McIntosh	Mildred Eisenhardt
RESIDENCE	Wallace Ida.	Wallace Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY	28 (Years)	25 (Years)
BIRTHPLACE	Wash	Minnesota
OCCUPATION	Gambler	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho.

Given name added from a supplemental report

..... 19.....

Filed April 25 1913 Leo Langley

Registrar

S-Y CO., 16669

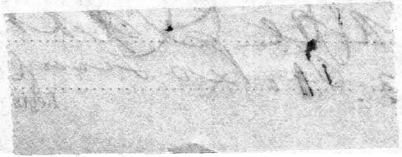
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-12-41



433-117-040-495

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 28 File No. 13235

Primary Registration District No. 1071 Registered No. 35

FULL NAME OF CHILD McClain

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Apr 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert McClain	Marie Drew
RESIDENCE	Wallace Ida.	Wallace Ida
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	46	31
BIRTHPLACE	California	Washington
OCCUPATION	Barkeeper	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Filed April 25 1913 H. Leo Dempsey Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

395-227-040-343

PLACE OF BIRTH

Form V. S. No. [illegible] 20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 13237

No. [illegible] St.

Primary Registration District No. 1143

Registered No. 32

Hospital Providence

FULL NAME OF CHILD Helen Elizabeth Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	2nd	Yes	Oct 27 1913

	FATHER	MOTHER
FULL NAME	John Green	Full Maiden Name Dorothy Cullen
RESIDENCE	Saltese, Mont.	Residence Saltese Montana
COLOR	W.	Color W.
AGE AT LAST BIRTHDAY	28 (Years)	22 (Years)
BIRTHPLACE	Wisconsin	Birthplace Virginia
OCCUPATION	Foreman Sawyer	Occupation Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida

Filed May 2 1913 H. Leo Lumpkin Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

954-16 -168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

13238

County of Canyon

City of Payette — Registration District No. 22 — File No.

No. ____, ____ St. — Primary Registration District No. 2008 — Registered No. 224

Hospital

FULL NAME OF CHILD Garfield Floyd Inman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 2 1913

FATHER	MOTHER
FULL NAME: Homer F. Inman	FULL MAIDEN NAME: Hilda Johnson
RESIDENCE: Payette, R.F.D #2	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. R. Woodward

Phys.
(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr. 2. 1913, 19.... I.R. Woodward Dep.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 14 1959

SEP 13 1961

553-227-014-455

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of 10 mi So. of Payette

Registration District No. 22

File No. 13239

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 225

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	Apr 22, 1913

FATHER		MOTHER	
FULL NAME	Clarence H Nelson	FULL MAIDEN NAME	Anna Devault
RESIDENCE	10 mi So of Payette	RESIDENCE	With husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	N. Dakota
		OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Woodward

M D

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4/23, 1913 J. Allen Swan Registrar

Wyp.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 3 1970

993-226-04-491

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 13240

Primary Registration District No. 2008 Registered No. 221

FULL NAME OF CHILD [redacted] ALTA BELLE RICHARDSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	4 26 1913

FATHER	MOTHER
FULL NAME Jess Richardson	FULL MAIDEN NAME Beryl Draper.
RESIDENCE Payette	RESIDENCE Payette
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Logan County, Mo.	BIRTHPLACE Logan County, Mo.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 26, 1913, at between 7 + 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) C. M. Carlisle and

(Physician or Midwife)

Address

..... 19....

Registrar

Filed 5/2 1913 J. R. Woodward Registrar

D-4-

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of ALAMEDA }

Certificate No. 13240

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for RITCHERSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on APR 26-1913 (Date of Event) in PAULETTE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on APR 26- 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Ritcherson	Richardson
name	none given	Alta Belle Richardson

Subscribed and sworn to before me this 6th day of January, 1944

Notary Public, residing at Oakland Cal

My commission expires 2/25/45
(Seal)

Signed Lela M Long
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2133-107th Ave Oakland Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1944

Notary Public, residing at Oakland Cal

My commission expires Feb 25. 1945
(Seal)

Signed Newell R Long
(Signature of Any Credible Person Other Than Previous Year)

2133-107th Ave
(Street Address, City, State)
Oakland Calif

DEC 31 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

649-[illegible]-165

Certificate of Birth

County of Canyon

City of N. P. Lynnwith

Registration District No. 223 File No. 13241

No. ....., ... St.

Primary Registration District No. 2009 Registered No. 328

Hospital .....

FULL NAME OF CHILD Elwood Dale Frisby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	April 29, 1913

FATHER		MOTHER	
FULL NAME	Fred Bert Frisby	FULL MAIDEN NAME	Bessie Jones
RESIDENCE	N. P.	RESIDENCE	N. P.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Dunfield

(Physician or Midwife)

Address .....

Given name added from a supplemental report

....., 19.....

Filed May 5 19 13

S-Y CO., 16669

Registrar

Registrar

JUN 7 1976

212-203-014-663

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 9-20-45

County of Canyon
City of New Plymouth
No. ..... St.
Hospital .....

Registration District No. 22
Primary Registration District No. 2009

File No. 13242
Registered No. 227

FULL NAME OF CHILD Virginia Francelle Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	April 3 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. B. Baker	Grace Wolfe
RESIDENCE	New Plymouth	New Plymouth
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Missouri	Texas
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale
Phys.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 5, 1913 I. R. Woodward, Dep. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended
9-20-45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. ~~2003~~ 22

File No. 13249

No. ....., ... St.

Primary Registration District No. 2009

Registered No. 227

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				April 3, 1913

FATHER		MOTHER	
FULL NAME	Wm B Baker	FULL MAIDEN NAME	Grace Wolfe
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale

Phys

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed May 5 19 13

..... Registrar

S-Y CO., 16669

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 13242

SEP 13 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None (Name on Original Certificate) who Born (Was Born or Died) on April 3, 1913 (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Baker	Virginia Francelle Baker

Subscribed and sworn to before me this 13th day of September, 1945.

Frank B. Affi
Notary Public, residing at Seattle
My commission expires Jan 14, 1948
(Seal)

Signed Grace Wolfe Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
17837 Bothell Way Seattle, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

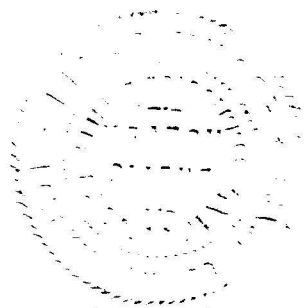
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

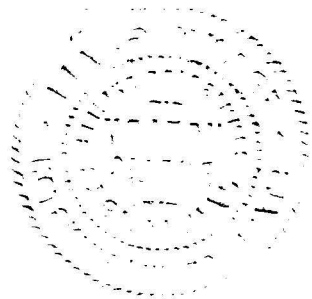
Subscribed and sworn to before me this 13th day of September, 1945.

Frank B. Affi
Notary Public, residing at Seattle
My commission expires Jan 14, 1948
(Seal)

Signed Mrs. Lorraine Wolfe Frank
(Signature of Any Credible Person)
1809 W. 38th Pl. Los Angeles, Calif.
(Street Address, City, State)

NOV 28 1961





742 - 101 - 01

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearw[illegible]

City of Orofino

No ____, ____ St.

Hospital ____

Registration District No 17 File No. 13243

Primary Registration District No 2078 Registered No. 14

FULL NAME OF CHILD James Gustafson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	May 1 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Gustafson	Maria Kittleson
RESIDENCE	Orofino, Idaho	Orofino, Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	46	45
BIRTHPLACE	Sweden	Wis
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed April 1 1913 J. M. Daily

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 1 1975

243-113-018-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Orofino

*No*_____, _____ *St.*

Hospital _____

Registration District No 17 **File No.** 13244

Primary Registration District No 2078 **Registered No.** 15

FULL NAME OF CHILD Joy Bullock

Sex of Child	Twin, Triplet or Other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ollie G. Bullock	Edna Hahnberg
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Minn	Minn
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McDaily

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Apr 14 19 13 J. McDaily Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

356-120-018-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No ....., ... St.

Registration District No. 17 File No. 13245

Primary Registration District No. 2078 Registered No. 16

Hospital .....

FULL NAME OF CHILD Wayne Curtis Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	April 20 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Charles E. Lewis	FULL MAIDEN NAME Dolly B. Crockett
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	26 (Years)
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faith

Physician

(Physician or Midwife)

Address Orofino Ida

Filed Apr 20 1913 J. M. Faith Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & ADRS. 17326

1/14/41/EA

493-225-018-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13246

Primary Registration District No. 2078 Registered No. 17

FULL NAME OF CHILD Kathleen Minna Michels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 25 1913

FATHER		MOTHER	
FULL NAME	Theodore J. Michels	FULL MAIDEN NAME	Edna Carey
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tinsley

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 26 1913 J. M. Tinsley Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

FEB 2 4 1975

955 - 209-018-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Cavendish

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13248

Primary Registration District No. 2078 Registered No. 19

FULL NAME OF CHILD GLADYS REECE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Reece	Martha Mattin
RESIDENCE	Cavendish Ida	Cavendish Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 22
BIRTHPLACE	No. Carolina	No. Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie E. Hanna

(Physician or Midwife)

Address Cavendish Ida

Given names added from a supplemental report

....., 19.....

Filed April 30 1913 J. M. Faith Registrar

.....

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

(Physician or Midwife)

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 13248
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Gladys Reece (Name on original certificate) who was born on April 9 - 1913 (Was born or died) (Date of event)
in Southwick Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on Mothers word (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Reece	Gladys Reece

Subscribed and sworn to before me this 17th
day of Feb., 19 42
W K Anderson
Notary Public, residing at Southwick Ida
My commission expires Apr 17 - 45
[SEAL]

Signed Mattie Moore Reece
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Southwick Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on FEB 20 1942 By
(Registrar's signature)

759-109-018-719

PLACE OF BIRTH

County of Clearwater

City of ~~~~~

No. ~~~~~ St.

Hospital ~~~~~

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13250

Primary Registration District No. 2058 Registered No. 21

FULL NAME OF CHILD Frank Gertje

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 9 1913

FATHER		MOTHER	
FULL NAME	George Gertje	FULL MAIDEN NAME	Jessie Parker
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Orla W. Harwell

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 30 19 15 J. M. Danly
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cleburne

169-115-018-528

PLACE OF BIRTH

County of Clearwater

City of ~~~~~

No. ~~~~~ St.

Hospital ~~~~~

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13251

Primary Registration District No. 2078 Registered No. 3/2

FULL NAME OF CHILD: Harold Zan Jordan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	April 15 1913

FATHER		MOTHER	
FULL NAME	Zan Jordan	FULL MAIDEN NAME	Ethel Eby
RESIDENCE	Fraser, Idaho	RESIDENCE	Fraser, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Fraser, Idaho
OCCUPATION	mill hand	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W. Horsuld, M.D.
(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 30 1913 J. M. Tandy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of

MAY 1 3 1971

4-16-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 16 12 04 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13251

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jorden (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1913 (Date of Event)
in Clearwater Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Harold Zan Jordan
father's name	Zam Jorden	Zan Jordan

Subscribed and sworn to before me this 16th day of April, 1974

Florina Fairbright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

X Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)

5180 Mt. View Drive, Boise, Idaho 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

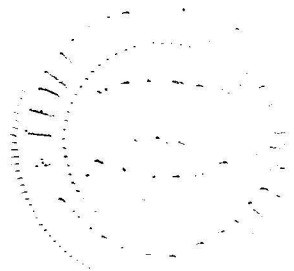
My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60 155

Custodian of School records, Gayle Hayden, Clerk of the District Court APR 1 6 1974
Clearwater County, Idaho states that according to the School Records
Harold Zan Jordan attended school in Dist. # 22 in Clearwater County, Idaho and
his age was reported as 11 in 1924.
Viewed by V.S.

Social Security record gives name as Harold Zan Jordan, #518 01 5184. Card issued
approximately 1940.
Viewed by V.S.



289-202-031-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13253

Primary Registration District No. 2127 Registered No. 32

FULL NAME OF CHILD ~~not named~~ Eula Byrd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Byrd	Manda Greer
RESIDENCE	Near Tallmer, Ida.	Near Tallmer, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	Wilks Co. N.C.	North Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke

Physician

(Physician or Midwife)

Address Tallmer Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-5-1913 Elsie B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 5 1942

693-102-031-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Forest Village

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13254

Primary Registration District No. 2127 Registered No. 93

FULL NAME OF CHILD Wm Anderson Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J Wilson	Rosa Slavin
RESIDENCE	Forest Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	Mich.	Oregon
OCCUPATION	Farmer	Housewife only

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry B Blake

(Physician or ~~Midwife~~)

Address Kentuville, Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-7-1913 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

K

FEB 16 1943

462-207-031-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13255

County of Lemhi

City of Vollmer

Registration District No. 32 File No.

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 34

Hospital

FULL NAME OF CHILD Not named / Retris Caroline Moses

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Moses	Rebecca M. Day
RESIDENCE	Vollmer, Ida	Vollmer, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	40 (Years)
BIRTHPLACE	Ogdensburg, Wis.	Waupaca Co. Wis.
OCCUPATION	Carpenter	Housewife.

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burris

(Physician or Midwife)

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 5-10-1913 Ellen B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

SEP 5 1963

693-109-031-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Vollmer

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 13256

Primary Registration District No 2127 Registered No. 30

FULL NAME OF CHILD not named James Nelson Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Apr 9, 1913

FATHER		MOTHER	
FULL NAME	Nelson O. Williams	FULL MAIDEN NAME	Clara Bell Kinney
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Adair Co. Mo.	BIRTHPLACE	Linn Co. Or.
OCCUPATION	Minister	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Burke

[redacted] American

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-10-1913 Ellen R. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

968-212-031-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 13257

No. ____ St. Primary Registration District No. 2127 Registered No. 96

Hospital ____

FULL NAME OF CHILD Elva

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-12-1917

FATHER		MOTHER	
FULL NAME	T. G. Roy	FULL MAIDEN NAME	Jessie Soule
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kentucky	BIRTHPLACE	Mo
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-18-1917 Elbert P. Rogers
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

417-119-031-697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Ilo

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 13258

Primary Registration District No. 2127 Registered No. 37

FULL NAME OF CHILD unnamed Louis Keith Magrath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twin	#1	yes	4 – 19 ..., 193 3

FATHER		MOTHER	
FULL NAME	Richard Herbert Magrath	FULL MAIDEN NAME	Jessie Wiggins
RESIDENCE	Ilo, Idaho.	RESIDENCE	Ilo, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Ontario Canada
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth .... 8 .....

Number of children, of this mother, now living, including present birth .... 7 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M D

(Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

Filed 5 – 6 – 1933 Elsie B. Rogers

Registrar

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Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued Jan. 22, 1941. E.W.

417-119-031-687

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Jerome

City of Jlo

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 13259

Primary Registration District No 2127 Registered No. 98

FULL NAME OF CHILD ~~Assassin~~ Robert Leith Magrath

Sex of Child	Twin, or Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Males (To be answered only in event of plural births)	# 2	yes	4 - 19 ..., 1913

FATHER	MOTHER
FULL NAME: Richard Herbert Magrath	FULL MAIDEN NAME: Josie Wiggins
RESIDENCE: Jlo Idaho	RESIDENCE:
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Ontario Canada	BIRTHPLACE: Ontario Canada
OCCUPATION: Laborer	OCCUPATION: housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parmish M.D.

(Physician or Midwife)

Address Jlo Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-30-1913 Ellen B. Rogers Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

154-119-031-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of near Nezperce

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 13260

Primary Registration District No. 2127 Registered No. 39

FULL NAME OF CHILD Ronald Leonard Anderson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	no (To be answered only in event of plural births)	and	Yes	April 19, 1913

FATHER		MOTHER	
FULL NAME	Richard L Anderson	FULL MAIDEN NAME	Esther O Johnson
RESIDENCE	near Nezperce	RESIDENCE	near Nezperce
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Jones

Physician (Physician or Midwife)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed May 2 1913 Elma B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

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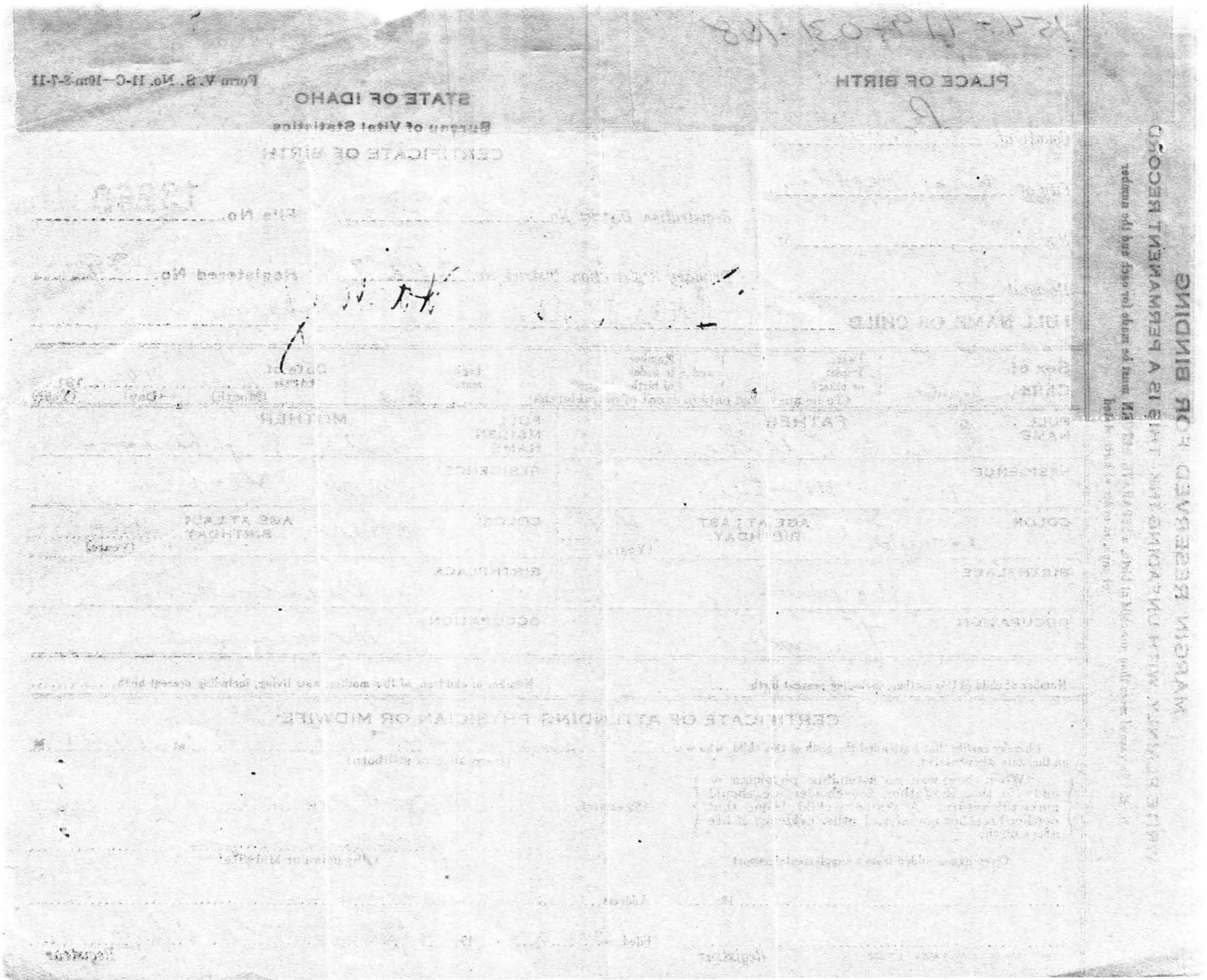


847-119-031-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Lemhi

City of Winchester — Registration District No. 32 — File No. 13261

No. ____ St. ____

Primary Registration District No. 2127 — Registered No. 40

Hospital ____

FULL NAME OF CHILD Huggins, Harley Eugene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	4-12-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. H. Huggins	Elsie Lee McCary
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	30
BIRTHPLACE	Ohio	Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-12- 19 13 Elmer P. Rogers Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Thomas Harley Huggins (Name on original certificate) who was born (Was born or died) on April 19, 1913 (Date of event)
in Winchester, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Parents (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
FirstName	Thomas Harley Huggins	~~Harley~~ Harley Eugene Huggins

Subscribed and sworn to before me this 21 day of June, 19 41

H. C. Tannell

Notary Public, residing at Nezperce, Idaho

My commission expires June, 23, 1943

[SEAL]

Signed Thomas Harley Huggins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Father

Nezperce, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Lewis }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before ~~me~~ this 21 day of June, 19 41

H. C. Tannell

Notary Public, residing at Nezperce, Idaho

My commission expires June, 23, 1943

[SEAL]

Signed Elsie Lee Huggins
(Signature of any credible person other than the previous affiant)
Mother of Harley Eugene Huggins

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUN

394-22-031-513

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 13262

Primary Registration District No. 2127 Registered No. 41

FULL NAME OF CHILD Unnamed Eva Lukovatz

Sex of Child female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Stephen Lukovatz	FULL MAIDEN NAME	Theresa Matz
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Ilo, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 4-30 1913 Eldora B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1973

754-124-031-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vallmer

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 13263

Primary Registration District No. 2127 Registered No. 42

FULL NAME OF CHILD Donald Walter Pedigo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Apr. 27, 1913

FATHER		MOTHER	
FULL NAME	Samual Pedigo	FULL MAIDEN NAME	Dora Landis
RESIDENCE	near Vallmer, Ida.	RESIDENCE	near Vallmer, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Feko Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Pierstorff

(Physician or ~~midwife~~)

Address Vallmer, Ida

Given names added from a supplemental report

....., 19.....

Filed 6-10-1913 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

cc 12- 26-40 mp

719-124-031-599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 13264

Primary Registration District No. 2127 Registered No. 43

FULL NAME OF CHILD EDWARD ORVILLE PARKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Apr. 14, 1913

FATHER		MOTHER	
FULL NAME	Call Parkins	FULL MAIDEN NAME	Minnie Erickson
RESIDENCE	near Winchester, Ida.	RESIDENCE	near Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Leroy Co. Iowa.	BIRTHPLACE	Genesee, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. 2

Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Bunter

(Physician or Midwife)

Address Volmer, Ida.

Given names added from a supplemental report

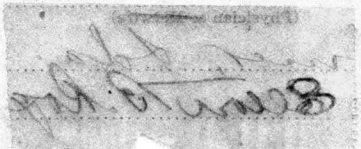
....., 19.....

Filed 5-10-1913 Edna B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis }

Certificate No. 13264
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edward Orville Parkins (Name on original certificate) who born (Was born or died) on April 24 1913 (Date of event)
in Craigmont (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Parkins	Edward Orville Parkins

Subscribed and sworn to before me this
day of Dec 1, 1941

Signed Minnie Erickson Parkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lewiston
My commission expires NOTARY PUBLIC residing at Orofino, Idaho
[SEAL] My commission expires Jan. 27, 1945

Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Dec. 1
day of , 1941

Signed × Mrs F. E. Erickson.
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Lewiston
My commission expires NOTARY PUBLIC residing at Orofino, Idaho
[SEAL] My commission expires Jan. 27, 1945

Orofino Idaho
(Street Address, City, State)

Received for filing on DEC 2 1941 By
(Registrar's signature)

DEC 3 1941

713 - 129 - 231 - 438

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No 13265

Primary Registration District No 2127 Registered No 44

FULL NAME OF CHILD XXXXXXXXXXXXXX ARTHUR EDWARD PATTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 29 1913

FATHER		MOTHER	
FULL NAME	Walter E. Patton	FULL MAIDEN NAME	Mamie M. Hargue
RESIDENCE	Ilo, Idaho.	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Dayton. Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 4-30-1913 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

MAKING RECORDS FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THREE CARBON COPIES REQUIRED

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of Child

Twin or Triplet

Number in order of birth

Date of Birth

Name of Father

Residence

Color

Age at last birthday

Birthplace

Occupation

Name of Mother

Residence

Color

Age at last birthday

Birthplace

Occupation

Number of children born to this mother, including present birth

Number of children of this mother living at present time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive

on the date above stated.

Signature

Address

Date

STATE OF TEXAS

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

Primary Registration District No.

Local Registrar

By

Deputy

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 13265
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth ~~Arthur Edward Patton~~ (Birth or death)
for Arthur Edward Patton (Name on original certificate) who was born (Was born or died) on April 29, 1913 (Date of event)
in Lo, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on about May or June 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Patton	Arthur Edward Patton

Subscribed and sworn to before me this 31
day of December, 1941.
Thomas Smedley
Notary Public, residing at Lewiston Idaho
My commission expires 7-10-45
[SEAL]

Signed Mrs Mamie Howerton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother of Arthur Edward Patton
Formally Mamie Patton
(Street Address, City, State) Clarkston Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of December, 1941.
Thomas Smedley
Notary Public, residing at Lewiston Idaho
My commission expires 7-10-45
[SEAL]

Signed Mrs. Arthur Patton
(Signature of any credible person other than the previous affiant)
wife of Arthur Edward Patton
710-7th St Clarkston Wash
(Street Address, City, State)

Received for filing on JAN 8 1942 By
(Registrar's signature)

386-124-007-213

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13266

Primary Registration District No. 2022 Registered No. 36

FULL NAME OF CHILD Thorsten Olaf Thorsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	April 24 1913

FATHER		MOTHER	
FULL NAME	Thorwald Thorsen	FULL MAIDEN NAME	Sophie Thorsen
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Blacksmith	OCCUPATION	HW
Number of child of this mother, including present birth	4th	Number of children of this mother now living, including present birth	4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman M D

(Physician or midwife)

Address Hailey Idaho

Filed May 1 1913

Given names added from a supplemental report

..... 19.....

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1967

MAR 19 1976

815-206-007-667

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hikura

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13267

Primary Registration District No. 2022 Registered No. 37

FULL NAME OF CHILD Lucy May Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	and	5th	Yes	April 6th 1913

FATHER		MOTHER	
FULL NAME	Alfred Hanson	FULL MAIDEN NAME	Sarah Fox
RESIDENCE	Hikura	RESIDENCE	Hikura
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Apr 10 1913 Robert H. Wright Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

619-117-007-152

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

259790

13268

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21

File No. ____

Primary Registration District No. 2075

Registered No. 38

Hospital ____

FULL NAME OF CHILD Wilbur Glen Farnworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		yes	April 17, 1913

FATHER	MOTHER
FULL NAME: John William Farnworth	FULL MAIDEN NAME: Anna Cecilia Jessen
RESIDENCE: Carey - Idaho	RESIDENCE: Carey - Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 47 (Years)
BIRTHPLACE: Mt Pleasant, Utah	BIRTHPLACE: Mt. Pleasant, Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 10

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Foxley M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Apr 25 19 13 Robert H. Naughton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1 1976

759-114-007-759.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Registration District No. 21 File No. 13269

Primary Registration District No. 2023 Registered No. 39

Hospital ____

FULL NAME OF CHILD James Wm Perkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4, 14, 1913

FATHER		MOTHER	
FULL NAME	Chas Perkins	FULL MAIDEN NAME	Claude Perkins
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of childrea, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-14-1913, at 2 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed 4/25, 19 13

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213 Amended 11-2-92 7-857

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2023

File No. 13270

Registered No. 40

FULL NAME OF CHILD Lela Jannie Baldwin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	4, 14, 1913

FATHER		MOTHER	
FULL NAME	W. D. Baldwin	FULL MAIDEN NAME	Ida Reagan
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-14-1913, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Scott Briggs

Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/25 19 13

Registrar

S-Y CO., 16670

OCT 30 1968

11 2 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13270

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Jannie Lee Baldwin (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1913 (Date of Event)

in Soldier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jannie Lee Baldwin	Lela Jannie Baldwin

Subscribed and sworn to before me this 2nd day of November, 19 72

Florence Cartright

Notary Public, residing at Bonsy

My commission expires 4-20-74

(Seal)

Signed Lee L O'Neal

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

..... (Street Address, City, State)

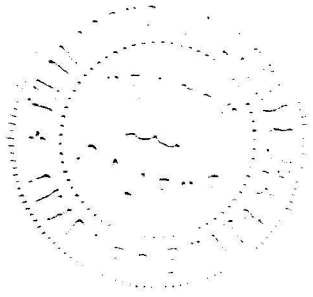
FORM DH 60-155

NOV 2 1972

Own childs birth certificate Gail Lorene Denny born Oct. 21,1938 in Weiser, Idaho State File No. 273227 gives mothers name as Lela Jannie Baldwin. Viewed by VS

Marriage license Rex L. O'Neil and Lela Denny , maiden name Lela Baldwin married Sept. 2,1951 in Rupert, Idaho State file no. 51-13773.

Viewed by VS



669 - 216 - 007 - 433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Saldin

No. ____, ____ St.

Hospital

Registration District No. 21

File No. 13271

Primary Registration District No. 2023

Registered No. 41

FULL NAME OF CHILD Paula Cerene Wordall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Ye	4 16 1913

FATHER		MOTHER	
FULL NAME	Edwin R Wordall	FULL MAIDEN NAME	Vannie McCalley
RESIDENCE	Soldin Idaho	RESIDENCE	Soldin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Ark,
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-16-1913, at 8 30 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W H Higgs

Physician
(Physician or Midwife)

Address Soldin Ida

Filed 4/25 19 13 [illegible] Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-122-007-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13272

County of Blaine

City of Canal

No. ____, ____ St.

Registration District No. 21

Primary Registration District No. 2023

Registered No. 42

Hospital ____

FULL NAME OF CHILD James Allison Gill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 22 1913

FATHER		MOTHER	
FULL NAME	Wm Gill	FULL MAIDEN NAME	Gertie Crowder
RESIDENCE	Canal Ada	RESIDENCE	Canal Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-22-1913, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt A. Briggs

Physician
(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/30 19 13

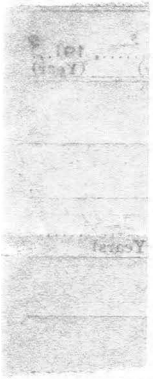
Robert H. Lewis
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-225-007-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield — Registration District No. 21 — File No. 13273

No. ____, ____ St. — Primary Registration District No. 2023 — Registered No. 43

Hospital

FULL NAME OF CHILD Gilberta Jean Bruning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4 25 1913

FATHER		MOTHER	
FULL NAME	W. H. Bruning	FULL MAIDEN NAME	Elizabeth Robertson
RESIDENCE	Wyoming	RESIDENCE	Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-25-1913, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) DeWitt Briggs

Physician
(Physician or Midwife)

Address Soldier Idaho

Filed 4/30 19 13

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1976
FEB 9 1976

213-109-007-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 13274

No. ____, ____ St.

Primary Registration District No. 203

Registered No. 44

Hospital

FULL NAME OF CHILD John Bennett Katzenmeyer

Sex of Child M

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth 4 (Month) 9 (Day) 1913 (Year)

FATHER

FULL NAME F. A. Katzenmeyer

RESIDENCE Soldier, Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Bennett

RESIDENCE Soldier Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-9-1913, at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt C. Briggs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4/20 19.13 Robert Hyde
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified cooy issued 12-21-1940 D.P.

236-104-007-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13275

Primary Registration District No. 2022 Registered No. 45

FULL NAME OF CHILD John W. Slorey Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 4 1913

FATHER		MOTHER	
FULL NAME	John W. Slorey	FULL MAIDEN NAME	Viva O. Donnelly
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Arkansas	BIRTHPLACE	Bellevue, Ida
OCCUPATION	Living man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10, 19 13

S-Y CO., 16670 Registrar

Registrar

9-24-40

436 - 248-007-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13276

Primary Registration District No. 2022 Registered No. 46

FULL NAME OF CHILD L. Ellen McNillis

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Apr (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. B. McNillis	FULL MAIDEN NAME	Emma M. Jordan
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

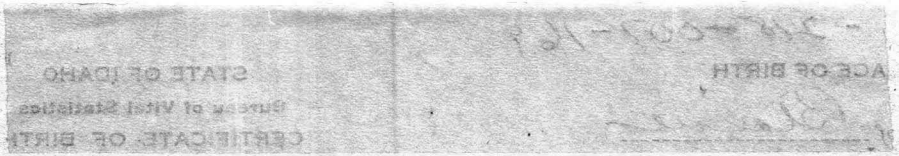
Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 20 1913 Robert H. Wright

S-Y CO., 16670 Registrar Registrar



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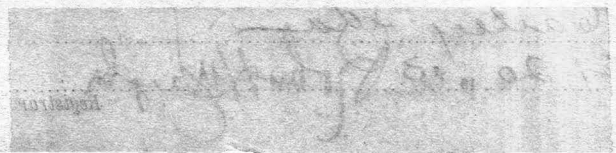


238-122-007-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13277

Primary Registration District No. 2022 Registered No. 47

FULL NAME OF CHILD Joseph William Schiffgen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 22, 1913

FATHER		MOTHER	
FULL NAME	Louis R. Schiffgen	FULL MAIDEN NAME	Christine Williams
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denver Colo	BIRTHPLACE	Alabama
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 25 1913 Robert H. Waples

S-Y CO., 16670 Registrar

Registrar

JAN 14 1953

361-127-007-745

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 13278

Primary Registration District No. 2025 Registered No. 48

FULL NAME OF CHILD Evan Afton Coates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 27, 1913

FATHER		MOTHER	
FULL NAME	Joseph Edward Coates	FULL MAIDEN NAME	Annie Gundersson
RESIDENCE	Fish Creek Idaho	RESIDENCE	Fish Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mont Plasant Utah	BIRTHPLACE	Mont Plasant Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:5 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife

(Physician or Midwife)

Address Carey Idaho

Given name added from a supplemental report

..... 19.....

Filed Apr 30 19 13 Robert H. Leigh

Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-12-8-007-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21

File No. 13279

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 49

Hospital ____

FULL NAME OF CHILD Leo Estelle Larson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 28 1913

FATHER		MOTHER	
FULL NAME	Lars Fredrick Larson	FULL MAIDEN NAME	Mabel Haney
RESIDENCE	Moore	RESIDENCE	Moore Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Darlington Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Haney

Midwife
(Physician or Midwife)

Address Moore Idaho

Given names added from a supplemental report

..... 19....

Filed May 5 1913

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 12 1943

DECEASED

OCT 31 1946

434-207-001-455

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

Registration District No. 1 File No. 13280

No. ..... St.

Primary Registration District No. 2004 Registered No. 79

Hospital .....

FULL NAME OF CHILD Francis Luella Mc Millen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			L	Mar 7 1913

FATHER		MOTHER	
FULL NAME	Frank E. Mc Millen	FULL MAIDEN NAME	Althea Dennis
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Mo.
OCCUPATION	Clerk.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 12th 1913 J. M. Taylor Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1944

NOV 1 8 1976

APR 1 4 2003

SEP 1 0 1952

689 - 214-001-772

PLACE OF BIRTH

County of Ada

City of Boise

No. Rose Station

Hospital

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 15.0 Rev-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 13281

Primary Registration District No. 2004 Registered No. 80

FULL NAME OF CHILD FRANCES ELEANOR WHITE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.				L.	Mar 14 1913

FATHER		MOTHER	
FULL NAME	J W [illegible] A. White	FULL MAIDEN NAME	Mabel Gibson
RESIDENCE	Rose Station	RESIDENCE	Rose Station
COLOR	W	AGE AT LAST BIRTHDAY (Years)	48
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ia.	BIRTHPLACE	Ia.
OCCUPATION	Real Estate Dealer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Ida

Filed April 12 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada.

Certificate No. 13281

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Eleanor White

Subscribed and sworn to before me this 16
day of May, 1942

Notary Public, residing at Boise Idaho

My commission expires 11-6-1944
(Seal)

Signed John White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1942

236-225-001-981

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Euclid St.

Hospital

Registration District No. 1

File No. 13282

Primary Registration District No. 2004

Registered No. 81

FULL NAME OF CHILD Gertrude Stout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			L.	Mar. 25 1913

FATHER		MOTHER	
FULL NAME	Frank Stout	FULL MAIDEN NAME	Lilly Ryalls
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7.15a M. on the date above stated.

(Signature) John Bouck

(Physician or midwife)

Address Boise Idaho

Filed April 12th 1913

J. M. Taylor Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

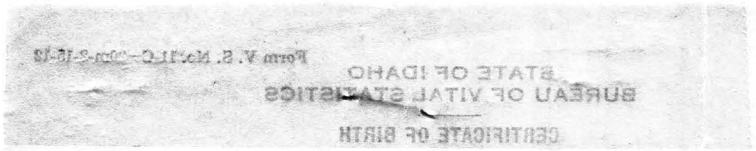
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 3 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 16 3 39 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 13282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stout (female) (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Gertrude Frances Stout

Subscribed and sworn to before me this 12th day of October, 1973

Notary Public, residing at Boise

My commission expires 1-20-74

(Seal)

Signed Phyllis J. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3336 Jackie Ln. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

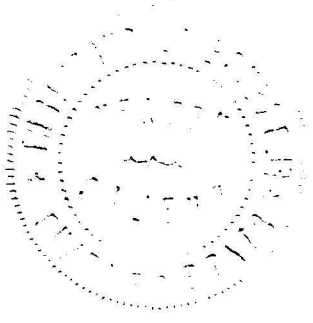
.....
(Street Address, City, State)

FORM DH 60-155 CL 10/10/73 / cc pd.

Form from The Children's Home Finding and Aid Society of Idaho dated Dec. 21, 1926 gives name as Gerturde Stout. gives birth date as March 25, 1913.Father's name given as Frank C. Stout and mother's name as Lily Stout. Viewed by V. S.

OCT 17 1973

Family Record issued by family gives name of child as Gertrude Stout born March 25, 1913 in Boise, Idaho to Frank Stout and Lilly Ryalls. Record obviously old. Viewed by V.S.



417-127-001-663

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. 3rd & Vermont St.

Hospital

Registration District No. 1 File No. 13283

Primary Registration District No. 2004 Registered No. 82

FULL NAME OF CHILD Charles Gale Magill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			I	Mar. 27 1913

FATHER	MOTHER
FULL NAME Luther M^c Gill Magill	FULL MAIDEN NAME Lois Folsom
RESIDENCE So Boise	RESIDENCE So Boise
COLOR W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Kansas
OCCUPATION Electrician	OCCUPATION H. W.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician ~~or midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

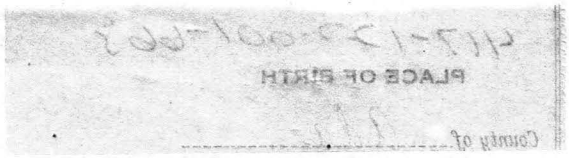
Filed Apr. 19 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP OF 1913 315554

259-126-001-767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Ustick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 — File No. 13285

Primary Registration District No. 2004 — Registered No. 84

FULL NAME OF CHILD Elmer Ray Bergason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 16 1913

FATHER		MOTHER	
FULL NAME	John L. Bergason	FULL MAIDEN NAME	Mable Pope
RESIDENCE	Ustick	RESIDENCE	Ustick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Real Estate	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. N. Handy

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

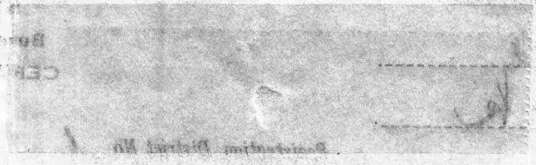
____ Registrar

Filed Apr. 23 1913 ____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 23 1942

OCT 30 1975



415-115-001-368

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 13286

No. R# II St.

Primary Registration District No. 2003 Registered No. 85

Hospital

FULL NAME OF CHILD Lee Davidson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
male	one	5th	yes	Apr. 13, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Frank H. Davidson	Ethel M. Coyle
RESIDENCE	Meridian R# II.	Meridian R# II.
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	30 (Years)
BIRTHPLACE	Wis	Maine
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Neal M.D.

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 26th 1913 J. McTaylor

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1944

213-120-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 13287

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 86

Hospital ____

FULL NAME OF CHILD Ino. Arthur Ballard

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one (To be answered only in event of plural births)	and 3rd	yes	April 20, 1913

FATHER	MOTHER
FULL NAME Arthur R. Ballard	FULL MAIDEN NAME Nellie Henry
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ill	BIRTHPLACE Mo
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 26th 1913 J. M. Taylor

.....
Registrar

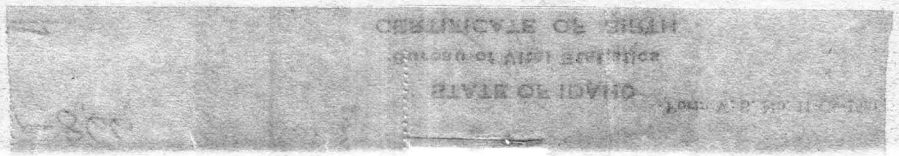
S-Y CO., 16670

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



219-220-661-259

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 13288

No. ....., ... St. Primary Registration District No. 2003 Registered No. 87

Hospital .....

FULL NAME OF CHILD Virginia Louise Bartlett

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	one	1st	yes	Apr. 20, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Bartlett	FULL MAIDEN NAME	Ella R. Percifield
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth ... one

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Neal

Physician (Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed April 26 1913 J. M. Taylor

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1942

217-128-001-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13289

County of Ada

City of Star

Registration District No. 1

File No.

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 88

Hospital

FULL NAME OF CHILD Charles Oneda Bagley.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.			yes	Jan	28	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Austin Bagley	Cynil Bass
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Mo	Mo.
OCCUPATION	Railroad Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mayle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 28 19 13 J. E. Mayle

Registrar

May 2 - 1913 J. W. Taylor

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1949

451 - 202-001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 13290

No. ____, ____ *St.*

Primary Registration District No. 2001

Registered No. 89

Hospital ____

FULL NAME OF CHILD Charlotte Means.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Means	Florence M. Brashears
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or Midwife)

Address Star

Filed Feb 2 19 13

[illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

May 2 - 1913

J. M. [illegible]

12-15-41

395-109-001-435

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada — amended Dec. 28, 1977

City of Star — Registration District No. 1 — File No. 13291

No. ____, ____ St. — Primary Registration District No. 2001 — Registered No. 90

Hospital ____

FULL NAME OF CHILD — Harold Franklin Creason

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Feb 9, 1913

	FATHER	MOTHER
FULL NAME	Harry L. Creason	Florina Stubb
RESIDENCE	Star	Star
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	23 (Years)
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mayle M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 9 1913 — J. Mayle Registrar

May 2 - 1913 — L. M. Taylor Dep.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

12-21-64

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 13291

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Creason (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 1913 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Creason	Harold Franklin Creason

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed ____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1965

Notary Public, residing at Meridian, Idaho
My commission expires 3-6-66
(Seal)

Signed Robert J. Brown
(Signature of Any Credible Person)

Rt 1, Meridian Idaho
(Street Address, City, State)

FORM DH 60-155

In office 12-21-64

Family bible lists name as Harold Franklin Creason. Entry dated May 12, 1940.
viewed by V.S. December 28, 1977.

DEC 28 1977

Notice of Classification for draft dated May 21, 1941, lists name as Harold Frnaklin Creason.
viewed by V.S. December 28, 1977

239-214-001-636

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13292

County of Ada

City of Star

Registration District No. 1

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 91

Hospital

FULL NAME OF CHILD Winifred Violet Stiles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Apr 14, 1913

FATHER		MOTHER	
FULL NAME	Fred Stiles	FULL MAIDEN NAME	Adelia F. Flood
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	N. Y.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Taylor M. D.

(Physician or Midwife)

Address Star

Filed Apr 14 19 13 J. D. Taylor Registrar

Given names added from a supplemental report

....., 19.....

Registrar

May 2nd 1913 J. M. Taylor

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of birth stated in order of birth stated

FEB 4 1970

691-230-001-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 13293

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 92

Hospital ____

FULL NAME OF CHILD Faye Alida Frasier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Apr 30, 1913

FATHER		MOTHER	
FULL NAME	George V. Frasier	FULL MAIDEN NAME	Myrtle M. McCurdy
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

Filed Apr 30 1913 E. Mangle Registrar

May 2 - 1913 J. W. Taylor Dep.

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Own Child's Birth Cert. on file: (Idaho Birth) #277384 gives full maiden name of mother as Faye Alida Frasier - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of BAKER

Certificate No. 13293

Date Filed

RECEIVED DEC 26 1963 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1913 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Faye Alida Frasier

Subscribed and sworn to before me this 29th day of May, A. D., 19 63

John H. Sass

Notary Public, residing at Richland, Oregon

My commission expires July 15, 1965

(Seal)

Signed Myrtle Emma Stanton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed Clarice Whitsah
(Signature of Any Credible Person)

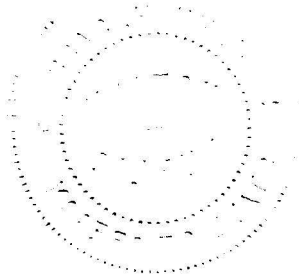
R.1, Box 52 Richland, Ore.
(Street Address, City, State)

FORM DH 60-155 1 copy pd. rec. #14192.

Certificate of birth of child John W. Randall born Seppt. 11, 1930, in Weiser, Idaho gives name of mother as Faye Alida Randall. Certificate # 185966. ewed by V.S.

MAR 19 1975

Family Record gives name as Faye Alida Randall born April 30, 1913 in Star, Idaho to George V. Frasier and Myrtle M McCurdy. Family Record dated 1932. Viewed by V.S.



694-208-001-113

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ____ Registration District No. 1 File No. 13294

No. Franklin School Dis. Primary Registration District No. 2004 Registered No. 93

Hospital ____

FULL NAME OF CHILD Darline Wanita Fruit.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	Apr 8 1913

FATHER		MOTHER	
FULL NAME	Jessie Fruit.	FULL MAIDEN NAME	Eva Jacobs.
RESIDENCE	Franklin School Dis	RESIDENCE	Franklin School Dis
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Io.	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barker

(Physician [redacted])

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed May 2nd 1913 J. M. Taylor

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1943

944-124-001-295

PLACE OF BIRTH

Form ... S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 13295

No. Riverside Station Primary Registration District No. 2004 Registered No. 94

Hospital _____

FULL NAME OF CHILD Lowell Edwin Rudge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Apr 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Rudge.	Arlie Bingman
RESIDENCE	Riverside Station	Riverside Station
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Ida	Utah Washington
OCCUPATION	Janitor	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born Alive or [redacted]) at 12:10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boise

(Physician or [redacted])

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 2nd 1913 J. M. Taylor Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/3/41 rmf

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 13295

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	April 27, 1913	April 24, 1913
Mother's age at child's birth	20	28
Birthplace	Utah	Washington

Subscribed and sworn to before me this 4th
day of April, 19 47
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Lemuel E. Rudge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Boise 1311 main ST
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 2 9 1969
SEP 1 9 1975

APR 4 1944
APR 1

658-228-001-435

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Belfrey School St.

Hospital

Registration District No. 1

Primary Registration District No. 2003

File No. 13296

Registered No. 95

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			L	Apr 28 1913

FATHER		MOTHER	
FULL NAME	Cassius Waybright	FULL MAIDEN NAME	Edith McNeill
RESIDENCE	Belfrey School Dis	RESIDENCE	Belfrey School Dis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	painter	OCCUPATION	H. W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lulu Bacon M.D.

(Physician ~~or midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 2nd 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-114-001-395

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 13297

No. 4 mi W & 2 mi N. Meridian Primary Registration District No. 2013 Registered No. 96

Hospital _____

FULL NAME OF CHILD Donald Harvey Grosvenor

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Single (To be answered only in event of plural births)		Yes.	Apr. 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Grosvenor	Leonora Creason
RESIDENCE	Bond. Ada Co	Bond Ada Co
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Ranch	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Wolverton

Physician (Physician or Midwife)

Address Bone

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 23 1913 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 13297
Date Filed May 3 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Donald Harvey Grosvenor (Name on original certificate) who born (Was born or died) on April 14 1923 (Date of event)
in Meridian Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Aug 26 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Donald Harvey Gosvenor	Donald Harvey Grosvenor

Subscribed and sworn to before me this 26th day of August 19 41

Hazel Everett
Notary Public, residing at Burley Idaho

My commission expires July 25 — 1942
[SEAL]

Signed Leonora Grosvenor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Eagle Idaho RD 1.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

366-102-001-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada Meridian

City of Meridian Registration District No. 1 File No. 13298

No. R.D. No 2 St.

Primary Registration District No. 2003 Registered No. 97

Hospital

FULL NAME OF CHILD Richard Earl Coonse

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 2 1913

FATHER	MOTHER
FULL NAME Alfred Thomas Coonse	FULL MAIDEN NAME Mable Viola Barrett
RESIDENCE 2½ Mi So - 1 Mile	RESIDENCE 2½ Mi So 1 Mile
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Lake Co. Oregon	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was farm alive (Born alive or stillborn), at 10 26 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Dutton

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 2nd 1913 O L Dutton
Registrar

May 8-1913 J. M. Taylor

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 54-435

613 - 102 - 001 - 957

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Ustick~~ Ada

City of Ustick

Registration District No. 1

File No. 13299

No. ..... St.

Primary Registration District No. 2003

Registered No. 98

Hospital

FULL NAME OF CHILD Not Named Francis Clark Walling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 2- 1913

FATHER

FULL NAME: S. D. Walling

RESIDENCE: Ustick Ada

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Nettie Francis Ingram

RESIDENCE: Ustick

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Missouri

OCCUPATION: House Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sutton

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

..... 19.....

Filed 4-4- 1913

O. L. Sutton Registrar

May 8- 1913 J. M. Taylor

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

345-104-001-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 13300

No. 420-401 St. — Primary Registration District No. 2003 — Registered No. 99

Hospital

FULL NAME OF CHILD Carl Wm. Lund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Wm. S. Lund	FULL MAIDEN NAME	Margaret P Hansen
RESIDENCE	2½ Mi. N. 2 Mi. W.	RESIDENCE	2½ Mi. N. 2 Mi. West
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Dutton

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 4-6- 19 13

O L Dutton
Registrar

May 8th 1913
F. M. Taylor

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1951

6/18/41 L. B.

107-001-314

PLACE OF BIRTH

[redacted]
Ida
Meridian
Kuna St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1 File No. 13301

Primary Registration District No. 2003 Registered No. 100

Hospital

FULL NAME OF CHILD Franklin Jasper Fisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male			yes	4 - 7

FATHER	MOTHER
FULL NAME Franklin Benjamin Fisk	FULL MAIDEN NAME Linda Lauderburg
RESIDENCE Kuna Ida	RESIDENCE Kuna Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	BIRTHPLACE California
OCCUPATION Pharmacist	OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian Ida

Filed April 10 1913 C. L. Dutton Registrar

May 8-1913 J. M. Taylor

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

11-6-44

343-112-016-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13308

Primary Registration District No. 2136 Registered No. 67

FULL NAME OF CHILD Bertram Henry Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	4-12-1913

FATHER		MOTHER	
FULL NAME	Henry W. Tucker	FULL MAIDEN NAME	Mattie May Wells
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Chamness

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 12 1913 L B Stockdale

Registrar

Registrar

S-Y CO. 20174

DEC 4 1970

693-205-016-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13309

Primary Registration District No. 2176 Registered No. 68

FULL NAME OF CHILD LaVon Althea Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	4-5-13

FATHER		MOTHER	
FULL NAME	Lee Wilson	FULL MAIDEN NAME	Levia Walker
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Whamond

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 12 1913 L. B. Strickler Registrar

S-Y CO. 20174

OCT 16 1950

619-105-016-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13310

Primary Registration District No. 2176 Registered No. 61

FULL NAME OF CHILD Ware

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	4-5-1913

FATHER		MOTHER	
FULL NAME	Frank R. Ware	FULL MAIDEN NAME	Mary Jones
RESIDENCE	(Dead) Malvern	RESIDENCE	Malvern Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 12 1913 L B Stoker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432 - 202 - 016 - 689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13311

Primary Registration District No. 216 Registered No. 70

FULL NAME OF CHILD McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	4-2-1913

FATHER		MOTHER	
FULL NAME	James L. McBride	FULL MAIDEN NAME	Sadie Whittle
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	Florida	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Johansen

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 12 19 13 L. B. Shoebridge Registrar

8-Y CO. 20174

419-125-016-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13312

Primary Registration District No. 2126 Registered No. 21

FULL NAME OF CHILD JOHN Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	3-25-1913

FATHER		MOTHER	
FULL NAME	John D. Martin	FULL MAIDEN NAME	Bertha E. Painchild
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-9 A.M. 38 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Old Rawlins

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 12 1913 W. B. Stockdale

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2 18 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 4 40 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 13312

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Martin (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1913 (Date of Event)

in Cassia County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Martin	John Martin
Place of Birth	Omitted	

Subscribed and sworn to before me this 23rd day of February 19 72

Clarence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Ronald L. Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

FEB 25 1972

Certif~~icate~~ of Ordination certifies that John Martin was ordained ~~a~~ teacher on June 19, 1928 in the L.D S.Church. Birth Place is Basin, Idaho
Viewed by V.S.

Certificate of Baptism andConfirmation states that John Martin was born to John S. Martin and Bertha Fairchild on March 25, 1913 in Basin, Idaho.
Viewed by V.S.

396-221-016-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13313

Primary Registration District No. 2116 Registered No. 72

FULL NAME OF CHILD Nellie Crofts

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	3-21-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Crofts	FULL MAIDEN NAME	Lolate Krebs
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Oldham M.D.
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 12 1913 B B Stuckenger Registrar

S-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. 13313
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crofts -dau. of Henry & Lola E. Krebs Crofts (Name on Original Certificate) who born (Was Born or Died) on 3-21-1913 (Date of Event)
in Cassia Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ~~Family Bible Record~~ (Bible Record, Insurance Policy, Etc.) prepared on ~~over 40 year period~~ School Record - Sept. 192[illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Nellie Crofts

Subscribed and sworn to before me this 12th day of November, 1957
L Jensen
Notary Public, residing at Burley, Idaho
My commission expires Nov. 25, 1957
(Seal)

Signed George W. Crofts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1, Heyburn, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November, 1957
L Jensen
Notary Public, residing at Burley, Idaho
My commission expires Nov. 25, 1957
(Seal)

Signed Leslie H. Crofts
(Signature of Any Credible Person)
1542 Oakley Ave., Burley, Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 11-8-57 1 copy paid

NOV 19 1957

349-216-016-215

PLACE OF [redacted]

STATE OF [redacted] Form V. S. No. 11-0 [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

Amended 5/16/78

City of _____ Registration District No. 31 File No. 13314

No. _____ St. Primary Registration District No. 3176 Registered No. 73

Hospital _____

FULL NAME OF CHILD Leda Irene Burch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	yes	3-16-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Frank Burch	Mabel Danford
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:35 a.m. p.m. on the date above stated.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Filed Apr 12 1913 H B Stocksleger Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—Rm-2-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

CHILD

Twin
Triplet
or other?
(To be e

FATHE

PRESERVED FOR BINDING

READING INK—THIS IS A PERMANENT RECOR

...a blank, a DUPLICATE RETURN must be made for each and the number
...of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 25 8 24 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 13314

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Birch (female) (Name on Original Certificate) who was born (Was Born or Died) on March 16, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Church Records (Bible Record, Insurance Policy, Etc.) prepared on PRIOR TO 1964 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leda Irene Burch
father's name	Thomas Frank Birch	Thomas Frank Burch

Subscribed and sworn to before me this 13 day of April 19 78.

Notary Public, residing at Heyburn Idaho
My commission expires March 23, 1982
(Seal)

Signed Raymond A Burch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT2 Box 66 Heyburn, IDAHO 83336
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of April 19 78.

Notary Public, residing at Martinez, Calif.
My commission expires 4/7/78
(Seal)

NOTARY PUBLIC SEAL
MARGARET G. FLETCHER
NOTARY PUBLIC — CALIFORNIA
CONTRA COSTA COUNTY
Commission Expires Feb 15, 1981

Signed Hazel E Hulet
(Signature of Any Credible Person)

1156 De Laveaga Martinez Ca 94553
(Street Address, City, State)

FORM DH 60-155

Record of membership to the LDS Church gives name as Leda Irene Burch Ferguson born March 16, 1913 at Oakley, ~~xxx~~ Idaho. blessed July 6, 1913. father's name as Thomas F. Burch and mother's maiden name. as Mabel Sanford. MAY 16 1978 viewed by VS ~~xxxxxxxxxxxxxxxx~~

family Bible recrd gives name as Leda Irene Burch born Aug 30,1942.. viewed by V. S.

254-114-016-545

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13315

Primary Registration District No. 2126 Registered No. 76

FULL NAME OF CHILD Bedke

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Mar. 14 1913

FATHER		MOTHER	
FULL NAME	Frank C. Bedke Jr	FULL MAIDEN NAME	Christine Emery
RESIDENCE	Basin Ida.	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 1/2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. O'Shaughnessy

(Physician or midwife) Declo Idaho

Given names added from a supplemental report

..... 19.....

Address

Filed Apr 12 1913 W. B. Swensberg

..... Registrar

Registrar

8-Y CO. 20174

MAY 3 1 1967

632-111-016-689

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 31 File No. 1331

Primary Registration District No. 2126 Registered No. 20

FULL NAME OF CHILD James LeRoy Ulsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		4th	Yes	4 (Month) 11 (Day)

FATHER		MOTHER	
FULL NAME	Rudolph T. Olsen	FULL MAIDEN NAME	Lenora Whitby
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Copenhagen, Denmark	BIRTHPLACE	Tooele, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McIntire

(Physician or midwife)

Address Marion

Given names added from a supplemental report

..... 19.....

Filed May 6 19 13 G. B. Stockbridge

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243-211-016-659

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

Registration District No. 31 File No. 13317

Primary Registration District No. 2122 Registered No. 76

FULL NAME OF CHILD Bardella, Buckley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1	2	no	4/11/1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Bulkley	Luella Ferrin
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	America	America
OCCUPATION	Laborer	—

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Thallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 3 1913 [illegible]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 2 1952

314-212-016-658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13318

Primary Registration District No. 214 Registered No. 77

FULL NAME OF CHILD Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			yes	Apr. 12th 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. G. Campbell	Addie Fehrenbacke
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	37 (Years)
BIRTHPLACE	Ill.	Kansas
OCCUPATION	Carpenter	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 3 1913 [illegible] Registrar

S-Y CO. 20174

363-120-016-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 31 File No. 13319

Primary Registration District No. 21st Registered No. 38

Hospital .....

FULL NAME OF CHILD LeRoy H. Folman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	and	2nd	yes	Apr. 20th 1913

FATHER	MOTHER
FULL NAME C. O. Folman	FULL MAIDEN NAME Sarah Hunt
RESIDENCE Burley, Idaho.	RESIDENCE Burley, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 3 19 13 L. B. Stoebenau Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1976

363-120-016-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13320

Primary Registration District No. 2134 Registered No. 79

FULL NAME OF CHILD Raymond Folman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	Apr. 20, 1913

FATHER		MOTHER	
FULL NAME	C. O. Folman	FULL MAIDEN NAME	Sarah Hunt
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Filed May 3 1913 L. B. Stubbs Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

238-106-016-817

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31 File No. 13321

No. ____ St.

Primary Registration District No. 21 Registered No. 80

Hospital ____

FULL NAME OF CHILD Harold B. Schwaegler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr. 6th 1913

FATHER		MOTHER	
FULL NAME	B. H Schwaegler	FULL MAIDEN NAME	Hazel Hayley
RESIDENCE	Burley Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed May 3 19 13 L B Stubbs Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1975

318-207-016-984

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 21 2nd

File No. 13322

Registered No. 81

FULL NAME OF CHILD Alice Louise Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Apr. 7 1913

FATHER		MOTHER	
FULL NAME	Edward Taylor	FULL MAIDEN NAME	Evilena Eyman
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 3 19 13 D. A. Stockebrand Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 17 1952

418-207-016-141

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13323

Primary Registration District No. 2132 Registered No. 82

FULL NAME OF CHILD Dahlquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	3 7 1913

	FATHER	MOTHER
FULL NAME	Wm. Dahlquist	Florence Adams
RESIDENCE	dead	Oakley Idaho
COLOR	—	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Idaho	Oakley Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 12 1913 R B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

53-019-000

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Ellis

No. ____ St.

Hospital ____

Registration District No. 14 File No. 13324

Primary Registration District No. 2061 Registered No. 91

FULL NAME OF CHILD Robert Leo Ellis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4/20, 1913

FATHER	MOTHER
FULL NAME: Wilson Ellis	FULL MAIDEN NAME:
RESIDENCE: May, Ida,	RESIDENCE: May, Ida.
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
COLOR: Wh.	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3A.M., M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hurley

Physician (Physician or midwife)

Address Challis, Ida.

Given names added from a supplemental report

..... 19.....

Filed 4/20 19 13 C. L. Hurley

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. U-O-Vm-3-15-12

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2 to mother

217-222-019-653

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 14

File No. 13325

Primary Registration District No. 2061

Registered No. 92

FULL NAME OF CHILD Barbra Delldean Baxter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	4/22 1913

FATHER	MOTHER
FULL NAME: Frank E. Baxter	FULL MAIDEN NAME: Sallie AlAngalene Wells
RESIDENCE: Challis Ida.	RESIDENCE: Challis, Ida.
COLOR: White	COLOR: Wh.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Julia Funkhouser

Midwife (Physician or midwife)

Address Challis, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/2 1913 C. T. Hatley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1943

JUL 14 1943

336-202-019-331

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Macksay

Registration District No. 14

File No. 13326

No. ____, ____ St.

Primary Registration District No. 2064

Registered No. 90

Hospital ____

FULL NAME OF CHILD Melba May Clouvard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	4/2, 1913

FATHER		MOTHER	
FULL NAME	George L Clouvard	FULL MAIDEN NAME	Ruth Clark
RESIDENCE	Chilly Idaho	RESIDENCE	Chilly Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mormon Utah	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.20 A.M. on the date above stated.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Machay Idaho

Filed 4/4 1913 C E Whitney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 31 1967

JUN 30 1943

994-[redacted] 040-436

Form V. S. No. 11-C—20m-2-15-12

PL[redacted]TH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 75 File No. 13327

No. —— St.

Primary Registration District No. 2106 Registered No.

Hospital ——

FULL NAME OF CHILD Catherine Millilda Ridle

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—— (To be answered only in event of plural births)	1	L	Apr 27 1913

FATHER		MOTHER	
FULL NAME	Andrew Ridle	FULL MAIDEN NAME	Mary McFarlan
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George D Leshe

Physician (Physician or midwife)

Address Kellogg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 19 13 Chas. A. Hillman Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 2016

319-123-040-469

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 1 [illegible] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13328

Primary Registration District No. 25 Registered No.

FULL NAME OF CHILD Antonio Carbon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	L	May 13 1913

FATHER		MOTHER	
FULL NAME	Antonio Carbon	FULL MAIDEN NAME	Catherine Morbo
RESIDENCE	Kellogg,	RESIDENCE	Kellogg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Servia	BIRTHPLACE	Servia
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Lesher M.D.

(Physician or midwife)

Address Kellogg

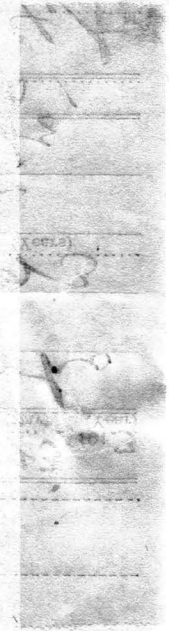
Filed June 19 13 D. Charles Dutton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



749-225-040-547

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 11 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13329

Primary Registration District No. 2105 Registered No.

FULL NAME OF CHILD Mary Guidice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	L	May 15 1913

FATHER		MOTHER	
FULL NAME	Paul Guidice	FULL MAIDEN NAME	Angelina Mugi
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated.

(Born alive or ~~still born~~)

(Signature) Geo. T. Lesher M.D.

(Physician or ~~midwife~~)

Address Kellogg

Filed June 2 19 13 Michael A. Ottman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-127-040-155

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13330

Primary Registration District No. 2105 Registered No.

FULL NAME OF CHILD John Corelli

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		1	L	May 27, 1913

FATHER		MOTHER	
FULL NAME	John Corelli	FULL MAIDEN NAME	Susan Anetta
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T Leahy

(Physician or ~~midwife~~)

Address Kellogg Ida.

Given names added from a supplemental report

.....19.....

Filed June 2 19 13 Duncan A. Matheson

Registrar

.....

Registrar

5-Y CO. 20174

693-129-040-132

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 19331

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD [redacted] Orlandini

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	L	May 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sarofine Orlandini	Ermilina Albuola
RESIDENCE	Kellogg	Kellogg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-A M. on the date above stated.

(Signature) Geo. J Lasher

(Physician or midwife)

Address Kellogg

Filed May 30 1913 Dr. Chas. L. Ritter Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

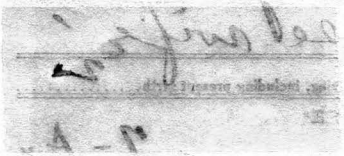
5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1965



669-216-040-442

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Murray

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13332

Primary Registration District No. 2103 Registered No. .....

FULL NAME OF CHILD Mary Ann Fornica

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		3	L	Apr. 16 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Fornica	FULL MAIDEN NAME	Elenia Lubojlo
RESIDENCE	Murray	RESIDENCE	Murray
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) Geo. D. Lesher

Physician (Physician or midwife)

Address Kellogg, Idaho

Filed June 7 19 13 W. Chas. Hettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

849-162-040-485-

PLACE OF BIRTH

County of Shoshone

City of [illegible]

No. [illegible] Wallace St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 75

File No. 13333

Primary Registration District No. 3107

Registered No.

FULL NAME OF CHILD Harry Allanson Quinn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
M	One	2nd	Yes	May 1

	FATHER	MOTHER
FULL NAME	Harley Quinn	Julia Ingram
RESIDENCE	Near Wallace	Near Wallace
COLOR	W	W
AGE AT LAST BIRTHDAY	25 (Years)	21 (Years)
BIRTHPLACE	Wisconsin	W. Va
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed May 19 13 [illegible] Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 18 1942

689-221-040-432

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Osburn

No. ____, ____ St.

Hospital ____

Registration District No. 2175

Primary Registration District No. 2109

File No. 13334

Registered No. 97

FULL NAME OF CHILD Doris Elvira White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	MAY 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Henry White	Emma McBride
RESIDENCE	Osburn Ida	Osburn Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Canada	Scotland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:05 P. M. on the date above stated.

(Signature) Howard E. Stover M.D.

(Physician or Midwife)

Address Wallace, Idaho

Filed 5/23 1913 Dr. Chas. A. Dettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

767-213-040-253

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Black Bear

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 13335

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD May Elnora Goggin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Mike Goggin	FULL MAIDEN NAME	Mary Kelley
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph S. Geh

Physician (Physician or midwife)

Address Burke, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 20 19 13 M. Thurman Registrar

S-Y CO. 20174

AUG - 5 1969

438-106 962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted]

City of Wendell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 13337

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD Donald Ross McQuinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	6 6 1913

FATHER		MOTHER	
FULL NAME	Gordon McQuinney	FULL MAIDEN NAME	Audrey Ross
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Mo
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Physician
(Physician or midwife)

Address Wendell

Given names added from a supplemental report

..... 19.....

Filed June 16 19 13 H. E. Lamb
Registrar

..... Registrar

S-Y CO. 20174

Dup of 1913-253503

719-201-024-447

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 4-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22

File No. 13338

No. ....., ... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dana Minnie Parr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	6 / 1913

FATHER	MOTHER
FULL NAME Earl Parr	FULL MAIDEN NAME Minnie Dupree
RESIDENCE Wendell	RESIDENCE Wendell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ida, Salem Center	BIRTHPLACE Ill, Atkinson
OCCUPATION Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 3 1913 H E Lamb

Registrar

S-Y CO., 16670

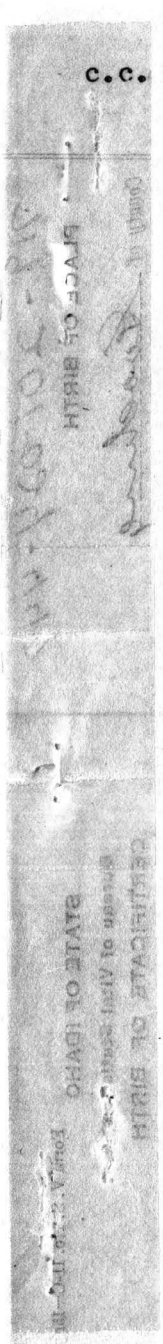
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

c.c. 4/30/41. w.h.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

13338

State of Idaho } ss.
County of Goodding

Certificate No. 2.6.1.6.3
Date Filed 6/3/13

The undersigned does solemnly swear that certain facts on the certificate of Irma Birth (Birth or death)
for Irma Minnie Parr (Name on original certificate) who X/A Born (Was born ~~or died~~) on 6/1/13 (Date of event)
in Wendell Ida (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on 6/1/13 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
11. Color of Father		11. White
12. Age of Father		12. 27
13. Place of birth of Father		13. Salem Center Ind.
19. Residence		19. atkinson Ill.
24. Mothers name	Left Out	24. Minnie Parr - Mother

Subscribed and sworn to before me this ... day of May, 1913

Notary Public, residing at Wendell
My commission expires Nov. 1 - 1913.
[SEAL]

Signed Minnie J. Parr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Wendell Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ... } ss.
County of ...

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ...
day of ..., 19...

Notary Public, residing at ...
My commission expires ...
[SEAL]

Signed ...
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ... by ...
(Registrar's signature)

STATE
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend or Delete a Certificate of Birth

642- 211-024-15-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell Registration District No. 5

File No. 13339

No. ....., ... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Josephine Jacqueline Fussner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	yes	5, 11, 1913

FATHER		MOTHER	
FULL NAME	Frank J. Fussner	FULL MAIDEN NAME	Hannah Anderson
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	Washington
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed May 15 19 13 H. E. Lamb

Registrar

S-Y CO., 16670

Registrar

MAY 16 1955

OCT 20 1944

286-116-034-263

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 1-B-15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 2618

File No. 13340

No. ....., ... St.

Primary Registration District No. 22

Registered No. .....

Hospital .....

FULL NAME OF CHILD GLENN AUGUSTUS Shook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		7	yes	May 16, 1913

FATHER		MOTHER	
FULL NAME	Richard Shook	FULL MAIDEN NAME	Ethel Boldwin
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Family

Physician (Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 19 13 H. E. Family

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]-[illegible]-[illegible]

TE OF IDAHO

of Vital Statistics

CATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 13340

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Glenn A Shook (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 16 1913 (DATE OF EVENT)
in Wendell Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about Sept. 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Glenn Augustus Shook
May 16 1913	Glenn Augustus Shook	was about 4 mo old when named

Subscribed and sworn to before me this 1
day of April, 19 42

L. B. Hamlin
Notary Public, residing at Cascade Locks, Ore.

My commission expires
(SEAL)

Signed Mrs Ethel A Shook
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clackamas }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of June, 19 42

Notary Public, residing at Milwaukee
My commission expires 10/28/42
(SEAL)

x Signed Ralph L Shook
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1923 - 4th Ave. Milwaukee, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 6 1942 By
(REGISTRAR'S SIGNATURE)

JUN 8 1942

JUN 2 8 19[illegible]

235-129-024-751

MARGIN-RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 13341

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD George Arnold Stevens.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	May 29, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Arnold Stevens	Rachael Pearson
RESIDENCE	Wendell	Wendell
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Fairview Utah	Mount Pleasant Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Stevenson M.D.

(Physician or Midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

Filed June 2 1913 H. E. Lamb

S-Y CO., 16670

Registrar

Registrar

K

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

845-229-014-

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 13342

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Infant Girl Hunter
not known to me

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	**	**	yes	5. 29 1913

FATHER		MOTHER	
FULL NAME	Walter Hunter	FULL MAIDEN NAME	Mary McCoy
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oreg.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2. P. M. on the date above stated.
(Born alive or stillborn)

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett Ida

Filed Ce-4- 1913 J L Reynolds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1967

866-109

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 File No. 13343

No. ____ St.

Primary Registration District No. 1010 Registered No. ____

Hospital ____

FULL NAME OF CHILD Velma Verdelle Howard

not known to me

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	***	**	yes	5. (Month) 9 (Day) 191 3 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James Howard	FULL MAIDEN NAME: Mable Crank
RESIDENCE: Emmett	RESIDENCE: Emmett
COLOR: W	COLOR: W.
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE:	BIRTHPLACE: Kans.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) B O Flack MD

(Physician or midwife)

Address Emmett Ida

Filed 6-4-1913 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

Form V. S. No. 11-C—80m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 2 1959

Canyon

County of

847-204-014-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Emmett Canyon Co.

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 13344

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Unnicl Mildred Hughes

Not Known to me

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	**	**	yes	6 4 1913

FATHER	MOTHER
FULL NAME: R.C.Hughes	FULL MAIDEN NAME: Lois Mathews
RESIDENCE: Emmett da	RESIDENCE: Emmett da.
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Oreg.	BIRTHPLACE: Oreg.
OCCUPATION: Rancher	OCCUPATION: Hw.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth Q 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7. A. M. on the date above stated.

(Born alive or stillborn)

(Signature) B. O. Clark MD

(Physician or midwife)

Address Emmett Ida

Filed 6-4-1913 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

FEB 26 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 17 1942

433-120-079-191

Place of Birth

County of Canyon

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 2010 File No. 13345

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... William Howard Allen
Not known to me

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	##	##	yes	5. 20 1913

FATHER	MOTHER
FULL NAME: Edward Allen	FULL MAIDEN NAME: Sarah Bradford
RESIDENCE: Emmett Ida.	RESIDENCE: Emmett
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 55 (Years)	AGE AT LAST BIRTHDAY: 35. (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Ida.
OCCUPATION: Lumberman	OCCUPATION: Hw.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.
(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 4 1913 J. L. Reynolds
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-120-014-248

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Gooding

City of Emmett

Registration District No. 2010 File No. 13346

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD LESLIE BUYS PEERY

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	gg (and)	## (To be answered only in event of plural births)	yes	5. (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Peery	FULL MAIDEN NAME	Edna Buyes
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Utah.
OCCUPATION	Rancher	OCCUPATION	H W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5. P. M. on the date above stated.

(Signature) B O Clark MD

(Physician or midwife)

Address - - Emmett Ida

Filed 6-4-1913 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....19....

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Canyon

Nov 22 - 1942

To Whom it May Concern
Be it known that I,
Leslie Francis Peery
Am the Legal Father of
Leslie Buys Peery and
for records be it known
That said Son Leslie Buys Peery
Was born in Emmett Ida-
ho County on the 20th
day of May, 1913.

Those included at birth
Were Dr. B.O. Clark, of Emmett,
acting - Mid Wife my Mother,
Mrs J W Peery Now deceased,
my Wife Mrs Edna A Peery,
and My Self.

(signed) Leslie Francis Peery
(signed) Edna A Peery (Buys)

State of Washington,)
) SS
County of King)

Subscribed and sworn to before me, a Notary Public in and for the State of Washington, on this eighth day of December, 1942.

J. K. Calder

Notary Public in and for the State of Washington, residing at Seattle.

958-223-014-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 13347

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Marion Marguerite Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr 23 1913

FATHER

FULL NAME Maurice Guy Reynolds

RESIDENCE Emmett Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Dallas Oregon

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Gladys Marguerite Howard

RESIDENCE Emmett Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Butte Montana

OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. R. Cummings

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

..... 19 .....

..... Registrar

Filed 6-5 1913 J. F. Reynolds Registrar

S-Y CO. 20174

JAN 8 1957

653-111-014-134

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 1/21/75

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 File No. 13348

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Russell Fetters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				Yes	May 11 (Month) (Day) 193 3 (Year)

FATHER		MOTHER	
FULL NAME	Guy Franklin Fetters	FULL MAIDEN NAME	Mabel Clare Aldrich
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Farmington Ill.	BIRTHPLACE	Platteville Dowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Cummings

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-5- 1913 J. L. Reynolds

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 7 - 1975 Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 13348

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Carl Russel Fetters (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	female	Male

Subscribed and sworn to before me this ..... day of
NOV 4 1974, 19 .....
Mona Burton
Notary Public, residing at ALBUQ., N. M.
My commission expires MY COMMISSION EXPIRES 10-3-75
(Seal)

Signed X Theresa A. Lalicker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
437 B Manzano N.E. Albuquerque New Mex
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19 .....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

FORM DH 60-155 CL 10/9/74 nm

Honorable Discharge from the U.S. Navy gives name as Carl Russell Fetters. date of separation Aug. 18, 1945. born May 11, 1913. viewed by V. S.

JAN 21 1975

Social Security card (509-09-1264) gives child's name as Carl Russell Fetters. viewed by V. S.

997-120-014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 2011 File No. 13349

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Henry Chiles Riggs Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1913

FATHER		MOTHER	
FULL NAME	Henry Chiles Riggs	FULL MAIDEN NAME	Mary Frances Wilkins
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Corvallis Oregon	BIRTHPLACE	Clinton Iowa
OCCUPATION	Painter	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 Lo 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Cummings
(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 5 1913 J. L. Reynolds Registrar

S-Y CO. 20174

AUG 16 1966

341 - 231-023-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted] / Ga[redacted]

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2010

Primary Registration District No. .....

File No. 13350

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 31 1913

FATHER		MOTHER	
FULL NAME	Hajima Sugii	FULL MAIDEN NAME	Fukimo Mayeda
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	Mahwn	COLOR	Brown
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fukuyama Japan	BIRTHPLACE	Kochi Japan
OCCUPATION	Truck Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings (Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-5- 1913 J. L. Reynolds Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

BIRTH

STATIS

19 ..... Address .....

Filed ..... Registrar

463-116-030-395

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 502—Rm-6-20-11

County of Lemhi

City of Gilmore

Registration District No. 27 File No. 13351

No. ____, ____ St.

Primary Registration District No. 2153 Registered No. 19

Hospital ____

FULL NAME OF CHILD Henry Lamont Dole

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Henry Dole	Vera Ling
RESIDENCE	Gilmore	Gilmore
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Fort Wayne, Ind	Chester, Utah.
OCCUPATION	Rancher	Housewife.

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.22 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank O. Paull M.D.

(Physician or Midwife)

Address Gilmore, Idaho

Given names added from a supplemental report

June 9/1913 Helen L. Smith Registrar

Filed June 9 — 1913 Helen L. Smith Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BY CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

249-209-030-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Palouse

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 13358

Primary Registration District No. .....

Registered No. 17

FULL NAME OF CHILD Grace Elizabeth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 9th 1913

FATHER		MOTHER	
FULL NAME	William Charles Smith	FULL MAIDEN NAME	Anna Perry
RESIDENCE	Palouse	RESIDENCE	Palouse
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a m on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) F S Wright M D

(Physician or midwife)

Address Palouse Ida

Filed May 10 1913 Helen L. Smith Registrar

S-Y CO. 24688

DEC 2 1969

546-121-030-284

PLACE OF BIRTH

County of Lemhi

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 2-B. No. 11-C—Rev. 1-1-16

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 13353

Primary Registration District No. 2116 Registered No. 18

FULL NAME OF CHILD Robert Guy Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 24th 1913

FATHER	MOTHER
FULL NAME: Guy Edwards	FULL MAIDEN NAME: Alice Shanafelt
RESIDENCE: 32 Miles So of Salmon	RESIDENCE: 32 Miles So Salmon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3a M. on the date above stated.

(Signature) F.S. Wright MD

(Physician or midwife)

Address Salmon Ida

Filed May 29 1913 Helen L. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1943

JAN 15 1943

866-125
808-368

OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

E OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Boise

City of Arrowrock.

No. Deer Creek St.

Registration District No. 11.

File No. 13354

Primary Registration District No. 2131.

Registered No.

Hospital

FULL NAME OF CHILD Cecil Beverley Howell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	May 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Beverley Howell	Ella Bohannan.
RESIDENCE	Arrowrock	Arrowrock.
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 26.	W. 25.
BIRTHPLACE	Kentucky	Oklahoma.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician.

(Physician or Midwife)

Address Arrowrock.

Given names added from a supplemental report

....., 19.....

Filed May 25 1913

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

915-291-001-632

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU [redacted]TATISTICS
CERT[redacted]RTH

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 11 File No. 13355

Primary Registration District No. 2053 Registered No. Raigall

FULL NAME OF CHILD Not Named Ina Mae Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	4-11-1913

	FATHER	MOTHER
FULL NAME	Lawrence Seamons Randall	AMANDA Louie Olson
RESIDENCE	Kuna	Kuna
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Ill.	Germany
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sutton

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-14 1913 O. L. Sutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

12/20/40 L. B.

443-131-001-132

Form V. S. No. 11-C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 13356

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD William James Dutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	5 — 31 — 1913

FATHER

FULL NAME Chesney Lawrence Dutton

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kansas

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Alice Anna Ackerman

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Colorado

OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or midwife)

Meridian

Address .....

Given names added from a supplemental report

..... 19.....

Filed 6-2-1913

C. L. Dutton
Registrar

..... Registrar

S-Y CO. 20174

JUN 27 1956

253-223-001-418

Form V. S. No. 11-C-20m-2-1918

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 13357

No. ____ St. Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD Evelyn Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	May 23 1913

FATHER		MOTHER	
FULL NAME	Monsor Keller	FULL MAIDEN NAME	Ida Bertha Mays
RESIDENCE	Meridian Ida	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Laborer Cook Boy Scout	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 10 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5-25- 1913 C. L. Sutton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1951

795-225-032-639

[redacted] 6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

[redacted] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 13358

Primary Registration District No. 2017

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Mar. 25, 1913

FATHER		MOTHER	
FULL NAME	Frank E Pierce	FULL MAIDEN NAME	Jessie Auer
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Carlville NY	BIRTHPLACE	Iowa
OCCUPATION	Nursery Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmerzhall MD

(Physician or Midwife)

Address Jerome Ida

Filed June 1 1913 E. E. Pfau

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 18670

WRITE PLAINLY

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1969

962-213-027-966

Form V. S. No. 11-C—15m-6

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of ____ County of Jerome

City of Lincoln Ly Registration District No. 5 File No. 13359

No. ____, ____ St. Primary Registration District No. 2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F	Twin	2	Yes	June 13 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Robinson	Daisy Rowe
RESIDENCE	Jerome	Jerome Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	56	34
BIRTHPLACE	Pennsylvania	Michigan
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

(Signature) E. D. Piper

(Physician or Midwife)

Address Jerome Ida

Filed June 16, 1913 E. D. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-113-032-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 13360

Primary Registration District No. 2017 Registered No. .....

FULL NAME OF CHILD Charles Robinson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	Twin	1	yes	June 13, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Robinson	FULL MAIDEN NAME	Daisy Rowe
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed June 16 1913 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

Form V. S. No. 11-D—Jan.-6-34

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

789-120-032-894

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 13361

Primary Registration District No. 2017

Registered No. ____

FULL NAME OF CHILD Leon G. Phillips Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	May 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon G. Phillips	Madelin Ridgeway
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1, 1913 E. D. Piper

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Leon J. Phillips (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 20, 1913 (DATE OF EVENT)
in Jerome, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by State of Illinois Driver's License (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Year 1940- (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Leon J. Phillips, Jr.	Leon G. Phillips, Jr.
Name of father	Dr. Leon J. Phillips	Dr. Leon G. Phillips

Subscribed and sworn to before me this 10th day of October, 1942

Shirley

Notary Public, residing at Jerome, Idaho

My commission expires Nov 1-1942

(SEAL)

Signed Leon G Phillips

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

9223 South Ada, Chicago, Illinois

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1942

Shirley

Notary Public, residing at Jerome, Idaho

My commission expires Nov 1-1942

(SEAL)

Signed Charlotte Roberson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Jerome, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

OCT 1 2 1942

536-202-032-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 13362

Primary Registration District No. 2017 Registered No. ____

FULL NAME OF CHILD Felicia Elorritia

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
♀	—	—	Yes	June (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Manuel Elorritia	Felicia Mastita
RESIDENCE	2½ mi. N.E. Jerome	2½ mi N.E. of Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Spain	Spain
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M.D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

....., 19.....

Filed June 4, 1913 E. D. Pyle M.D.

Registrar

S-Y CO., 16670

Registrar

APR 0 9 1992

Dup of 1913-298316

294-219-032-667

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 13363

Primary Registration District No. 2017 Registered No. ____

FULL NAME OF CHILD Edith Lyle Bruckner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	Apr 19, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank G. Bruckner	Edith Lyle Fox
RESIDENCE	4 mi. N of Jerome	4 mi. N. of Jerome
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 35	White / 33
BIRTHPLACE	Pennsylvania	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) C. D. Piper M. D.

(Physician or Midwife)

Address Jerome Idaho

Filed May 1 19 13 C. D. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 4 1971

439-209-032-499

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5

File No. 13365

Primary Registration District No. 2017

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 9, 1913

FATHER		MOTHER	
FULL NAME	John P McIntyre	FULL MAIDEN NAME	Elizabeth Mizar
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mut Fellmeadow M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 5 19 13 E. D. Pfost Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-221-032-395

(Be sure the information is complete and accurate)

Amended 5-22-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13366
Local Reg. No.
Reg. Dist. No. 5

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jerome

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lincoln

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jerome

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Mable b. (Middle): c. (Last): Parry

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 21, 1913

FATHER OF CHILD

7. FULL NAME a. (First): George b. (Middle): V. c. (Last): Parry

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indian Territory

10. USUAL OCCUPATION: Barber

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): Etta c. (Last): Livengood

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John F. Schmershall

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Jerome, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 1, 1913

22. REGISTRAR'S SIGNATURE: E. D. Piper

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED MAY 17 1967 Bureau of Vital Statistics

State of Oregon
County of Yamhill } ss.

Certificate No. 13366

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Perry (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1913 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on Photo copied 5/9/67 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mable Parry
Full Name of Father	George V Perry	George V. Parry

Subscribed and sworn to before me this 10th day of May, 1967

Notary Public, residing at Meridian, Ore.
My commission expires June 17, 1970
(Seal)

Signed Georgia Parry Bullock (Mrs.)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 1, Box 13C Meridian, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Fresno } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May, 1967

Notary Public, residing at Fresno
My commission expires 1969
(Seal)

W. F. O'HARE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
FRESNO COUNTY

Signed Jesse E. Cardwell
(Signature of Any Credible Person)

8265 W. Annadale Fresno, Calif.
(Street Address, City, State)

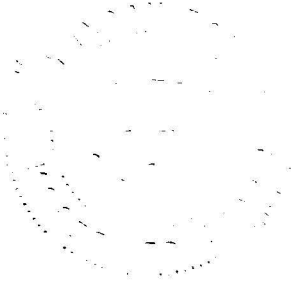
FORM DH 60. 155

CE 5-3067 by one copy pd.

Photo Copy of pages from Family Bible, appear old and unaltered gives full name as Mable Parry, born Mar. 21, 1913 - married Harold S. Schaad, Nov. 10, 1935 at Eugene, Oregon - viewed by V.S.

Not. Photo copy of School Record, Newberg, Oregon, School Dist. #29 gives full name as Mable Parry, born in 1913 - date entered Sept. 10, 1928 - graduated June, 1933, parent-Mrs. G. V. Parry - viewed by V.S.

~~Gert.-Geo~~ Photo Copy of page from Family Bible, appears old and unaltered gives full name as George Vernon Parry, born April 4, 1884 in Oklahoma - viewed by V.S.



Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 13366

Primary Registration District No. 2017 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Mar 21, 1913

FATHER		MOTHER	
FULL NAME	George V Perry	FULL MAIDEN NAME	Mary Etta Ravenswood
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Indian Territory	BIRTHPLACE	Oregon
OCCUPATION	barber	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 8 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arthur F. Schmerthauer

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

____, 19____

Filed June 1 1913 E E Pfost

____ Registrar

S-Y CO., 16670

Registrar

APR 1 1 1967
MAY 2 2 1967

566-111-032-656

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Registration District No. 5

File No. 13367

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Jesse Raymond Norwell

Sex of Child: Male

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of birth: March 11 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Mott P. Norwell	FULL MAIDEN NAME: Etta Floyd
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kentucky
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Schmendale M.D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1 19 13 E. D. Piper Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 22 1948

613-212-032-459

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 13368

Primary Registration District No. 2017 Registered No. ____

FULL NAME OF CHILD Effie Clarissa Wallace

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar 12, 1913

FATHER		MOTHER	
FULL NAME	Ellis A Wallace	FULL MAIDEN NAME	Ethel Musser
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	~~Idaho~~ So Dak
OCCUPATION	Farmer	OCCUPATION	~~Farm~~ Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 7:15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmershall MD

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1, 1913 E. E. Piper Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

633-123-032-683

PLACE OF BIRTH

County of Lincoln

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form 502 Ida. 11-C

City of Jerome

Registration District No. 5

File No. 13369

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD CHARLES PERRY OTTO

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 23, 1913

FATHER		MOTHER	
FULL NAME	Fred Otto	FULL MAIDEN NAME	Rose Wycoff
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Summerhalder MD

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 14 19 13 E. D. Parker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 13369

MAR 13 1942
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Charles Perry Otto

Subscribed and sworn to before me this 6th
day of March, 1942
Mary Kyle
Notary Public, residing at Jerome Idaho
My commission expires Nov. 8-1945
(Seal)

Signed Fred Edward Otto
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____ (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

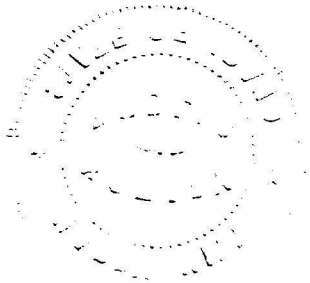
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

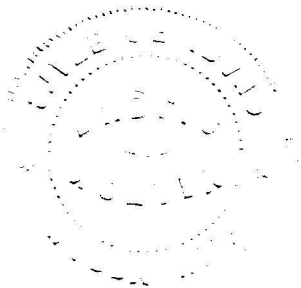
Subscribed and sworn to before me this 6th
day of March, 1942
Mary Kyle
Notary Public, residing at Jerome Idaho
My commission expires Nov 8-1945
(Seal)

Signed A. Freeman
(Signature of Any Credible Person Other Than Previous Year)

Jerome Idaho
(Street Address, City, State)

MAR 13 1942





493-121-032-653

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-42

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 5

File No. 13370

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Eugene Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 21, 1917

FATHER		MOTHER	
FULL NAME	William Miller	FULL MAIDEN NAME	Hazel Wells
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Schmerstaucer M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed June 16 1917 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

APR 3 1951

APR 8 1951

464-229-001-466

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

[redacted]

County of Ada

City of Boise — Registration District No. 1 — File No. 13371

No. Collister St. — Primary Registration District No. 2004 — Registered No. 101

Hospital

FULL NAME OF CHILD Helen Dodge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 29 1913

FATHER		MOTHER	
FULL NAME	Roscoe R. Dodge	FULL MAIDEN NAME	Josephine M. Dow
RESIDENCE	Collister	RESIDENCE	Collister
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Maine	BIRTHPLACE	Maine
OCCUPATION	Wholesale Liquor Man	OCCUPATION	Housewife

Number of child of this mother, including present birth: Three

Number of children, of this mother, now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm H Smith (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed May 16th 1913 J. M. Taylor Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II—

A-2

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
Ada

695-106-001-418

PLACE OF BIRTH

[redacted] OF IDAHO
VITAL STATISTICS
CATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Ada

City of So Boise

Registration District No. 1 File No. 13372

No. ..... St.

Primary Registration District No. 2004 Registered No. 102

Hospital .....

FULL NAME OF CHILD Elmer Manfull Ingley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				L.	May 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Ingley	Carrie Mayfield
RESIDENCE	So Boise	So Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 12.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician or [redacted])

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed May 15th 1913 J. M. Taylor Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/2/40 L. B.

415-220-001-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 13373

Primary Registration District No. 2001 Registered No. 103

FULL NAME OF CHILD Gwendolin E Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fml			yes	Oct 26 1913

FATHER

FULL NAME Arthur E Davis

RESIDENCE Star Idaho

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Hertfordshire England

OCCUPATION machinist

MOTHER

FULL MAIDEN NAME Mamie E Davis

RESIDENCE Star

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olive Lee MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed May 16 1913

S-Y CO. 20174

Registrar

J. M. Taylor

Registrar

Form V. S. No. 11-B-Rev 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

235-101-001-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star

No. ____ St.

Hospital ____

Rev. 1-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 13374

Primary Registration District No. 2001

Registered No. 104

FULL NAME OF CHILD Marion Elsworth Blessinger

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	May 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles E Blessinger	FULL MAIDEN NAME	Carrie May Higgins
RESIDENCE	Ola. Idaho	RESIDENCE	Ola Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8.

Number of children of this mother now living, including present birth 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford Nu

Star Idaho, (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 16th 1913 J. M. Taylor

S-Y CO. 20174 Registrar

Registrar

APR 16 1951

795-113-001-331

PLACE OF BIRTH

County of Ada

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1

Primary Registration District No. 2002

File No. 13375

Registered No. 105

FULL NAME OF CHILD _____

Sex of Child: M.

Twin ~~Triplet or other~~: Twin and Number in order of birth: first

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May 13 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Nelson Preston	FULL MAIDEN NAME: Bessie Clawson
RESIDENCE: Eagle Idaho	RESIDENCE: Eagle Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall M.D.

Star Idaho (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed May 16th 1913

J. M. Taylor Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

795-113-001-331

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Ada

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 13376

Primary Registration District No. 2002 Registered No. 106

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	2	Yes	May 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nelson Preston	Bessie Clawson
RESIDENCE	Eagle Idaho	Eagle Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Canada	Idaho
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall M.D.

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 16th 1913 J. M. Taylor Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-208-001-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of

No. Near Eagle St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13377

Registration District No. 1 File No.

Primary Registration District No. 2002 Registered No. 107

FULL NAME OF CHILD Doris June Scrivner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	4 8 1913

FATHER	MOTHER
FULL NAME Low Scrivner	FULL MAIDEN NAME Leona Farnham
RESIDENCE Eagle Idaho	RESIDENCE Eagle
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Lewis

(Physician or Midwife)

Address Kuna

Given names added from a supplemental report

....., 19.....

Filed May 21 1913 J. M. Taylor

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

JUL 19 1965

792-213-001-336

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Pleasant Valley

No. ____, ____ St.

Registration District No. 1

File No. 13378

Primary Registration District No. 2004

Registered No. 108

Hospital ____

FULL NAME OF CHILD Norine Josephine Gibson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 19 1913

FATHER		MOTHER	
FULL NAME	John N. Gibson	FULL MAIDEN NAME	Era Clough
RESIDENCE	Pleasant Valley. Ida.	RESIDENCE	Pleasant Valley - Ida.
COLOR	W.	COLOR	Indian.
AGE AT LAST BIRTHDAY (Years)	36 yrs.	AGE AT LAST BIRTHDAY (Years)	30 yrs.
BIRTHPLACE	Idaho.	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	H W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kill

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 29th 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 5 11 23 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 13378

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gibson (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1913 (Date of Event)
in Pleasant Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Norine Josephine Gibson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of
August, 1973.

Notary Public, residing at Salt Lake City
My commission expires Aug. 1, 1977
(Seal)

Signed Minister Marion Bishop
(Signature of Any Credible Person)

2163 So. 5th East Salt Lake
(Street Address, City, State) Utah 84106

FORM DH 60-155

CL 8/15/73 nm

OCT 5 1973

Marriage License issued to Theodore Norris and Norine Josephine Gibson married March 17, 1939. Ray Wilson County Recorder for Washington County, Idaho. Viewed by V.S.

Childs birth certificate gives name of mother as Norine Josephine Gibson born in Idaho May 13, 1913. Child born July 21, 1953 in St. Elizabeth's Hospital in Baker, Oregon.
Viewed by V. S.

386-116-001-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City Boise Coeliosty

Registration District No. 1 File No. 13379

No. ____, ____ St.

Primary Registration District No. 2004 Registered No. 109

Hospital ____

FULL NAME OF CHILD Alvin Edgar Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 16, 1913

	FATHER	MOTHER
FULL NAME	Charlie E. Thompson	FULL MAIDEN NAME Laura Robinson
RESIDENCE	Coeliosty - Ida	RESIDENCE Same
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	33 (Years)	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Kans.
OCCUPATION	Contractor	NH.

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 21st 1913 C. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

213 - 117-001-445

PLACE OF BIRTH

Form V S. No. H-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian or Rural Stage

Registration District No. 1 File No. 13380

No. ____ St.

Primary Registration District No. 2004 Registered No. 110

Hospital ____

FULL NAME OF CHILD WAYNE RALPH BACKUS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grant Backus	Dora Dunagan
RESIDENCE	Ada County - Rural Stage Line	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Oregon	Georgia
OCCUPATION	Rancher	H W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kin.

(Physician or midwife)

Given names added from a supplemental report.

....19....

Address ____

Filed May 21st 1913. J. M. Taylor Registrar

....Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 13380
Date Filed 5/15/13

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Emmanuel Backus (Name on original certificate) who was born (Was born or died) on May 17 - 1912 (Date of event)
in Ada County Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Emma Jane	Wayne Ralph Backus
date	5/17/16 Forest Backus	5/17/13

Subscribed and sworn to before me this 23rd
day of June, 19 41
Probate Judge Ada County, Idaho.
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Mrs Forest Backus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1416 No. 21st, at Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

P.S. 4+4|+1

745-218-001-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Suburbs

No. Bench S. of City St.

Registration District No. 1 File No. 13381

Primary Registration District No. 2004 Registered No. 111

Hospital

FULL NAME OF CHILD ~~Not yet named~~ Bessie Elnora Guentz

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	4th	yes	May 18, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Fred. A. Guentz	FULL MAIDEN NAME: Elnora Wilmot
RESIDENCE: Bench South of City 1½ miles	RESIDENCE: Bench S. of town family home
COLOR: W. AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at term (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Wheate, M. D.

Attending Phys.
(Physician or Midwife)

Address 427 Overland Bldg. Boise

Filed May 21st 1913 J. W. Lay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 15 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13381

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Guentz (female child) who was born on May 18, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date) , are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bessie Elnora Guentz

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5-12-66. one copy pd. rec. #12213.

Child's Birth Cert. on file: (Idaho Birth) #222722 gives full maiden name of mother as Bessie Elnora Guentz - viewed by V.S. OCT 16 1967

Marriage License, and Certificate, State of Idaho, County of Canyon, married Feb. 12, 1933 at Nampa, Idaho gives full name of groom as Irvin Allen and full name of bride as Bessie Guentz - viewed by V.S. AUG 6 1976

Photo Copy of Grade Transcript, Nampa Senior High School, Nampa, Idaho, graduated May 29, 1931 gives full name of student as Bessie Elnora Guentz, born May 18, 1913 - viewed by V.S.

652 - 118-001-234

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 13382

No. Mer McKinley Hosp Primary Registration District No. 2004 Registered No. 112

Hospital _____

FULL NAME OF CHILD Richard C. West

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	May 18th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard C. West	Dora Klug
RESIDENCE	3 mile So. + 2½ mi West-Boise	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	29
BIRTHPLACE	Illinois	Idaho
OCCUPATION	Miner - Farming now	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 21 1913 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1948

JUL 15 1963

895-121-001-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No Veasy Park So. St. Boise

Registration District No. 1

File No. 13383

Primary Registration District No. 2004

Registered No. 113

Hospital

FULL NAME OF CHILD Woodrow Wilson Hindman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Joseph E. Hindman	FULL MAIDEN NAME	Ella Shelton
RESIDENCE	Veasy Park - So. Boise	RESIDENCE	Same —
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26 yrs	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Brick Mason.	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill.

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19....

Filed May 26 1913

J. M. Taylor
Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Franklin }

Certificate No. 15583

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Woodrow wilson Hindman (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on May 21, 1913 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hindman	Woodrow Wilson Hindman
Name		
Woodrow wilson Hindman		

Subscribed and sworn to before me this 14th
day of January, 19 42
Everett Lewis
Notary Public, residing at Benton Ill
My commission expires Aug 18th 1944
(SEAL)

Signed J. E. Hindman Father
(SIGNATURE OF PARENT OR ~~ATTENDANT~~ CORRECTING A BIRTH RECORD; OR ~~ATTENDANT, FUNERAL DIRECTOR, INFORMANT~~ IF CORRECTING A ~~DEATH RECORD, OR OTHER CREDIBLE PERSON.~~)
220 n Commercial, Benton Ill
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of January, 19 42
Virginia Tebow
Notary Public, residing at Benton Ill
My commission expires Jan 21, 1945
(SEAL)

Signed Everett Lewis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
114 Mc Cann Benton Ill
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

238-217-001-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Maple Grove School

Registration District No. 1

File No. 13384

Primary Registration District No. 2004

Registered No. 114

Hospital

FULL NAME OF CHILD Reta Dean Schwartz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 17 1913

FATHER		MOTHER	
FULL NAME	Robert A Schwartz	FULL MAIDEN NAME	Bertha E. Hollaus
RESIDENCE	Boise, Maple Grove	RESIDENCE	Boise Maple Grove
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ill	COLOR	W
OCCUPATION	Farmer	BIRTHPLACE	Ill
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey, Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 28 1913 J. M. Taylor Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

612-230-001-748

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of —

Registration District No. 1

File No. 13385

No. 2½ Mi So & 2 Mi W. Boise

Primary Registration District No. 2004

Registered No. 115

Hospital

FULL NAME OF CHILD Mabel Weskenbergen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 30th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. S. Weskenbergen	Mary E. Guymon
RESIDENCE	Ammex Ranch	Ammex Ranch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Kansas	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed May 31 1913 J. M. Taylor

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 21 1957

239-125-001-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... *St.*

Hospital .....

Registration District No. 1 **File No.** 13386

Primary Registration District No. 2012 **Registered No.** 116

FULL NAME OF CHILD Orville Erwin Stiles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	April 25 1913

FATHER

FULL NAME	Oliver E Stiles
RESIDENCE	Eagle
COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Randolph Co Mo
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Luree Colison
RESIDENCE	Eagle
COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Quincy Ill
OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D F Brown (Physician or midwife)

Address Eagle

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed January 7 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-126-001-343

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boyart Ida.

Registration District No. 1 File No. 13387

No. ..... St.

Primary Registration District No. 2002 Registered No. 117

Hospital .....

FULL NAME OF CHILD Robert Lee Beckley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 26 1913

FATHER

FULL NAME Owen Beckley

RESIDENCE Boyart Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Painsville Minn

OCCUPATION Truck farmer

MOTHER

FULL MAIDEN NAME Leola Grace Luther

RESIDENCE Boyart Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Porter Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O V Sloane M. D.
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19 .....

..... Registrar

Filed June 7 14 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-208-001-719

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#1 St.

Registration District No. 1

File No. 13388

Primary Registration District No. 2003

Registered No. 118

Hospital

FULL NAME OF CHILD Mable Agnes McMullen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	2nd	yes	May 8, 1913

FATHER	MOTHER
FULL NAME Walter L. McMullen	FULL MAIDEN NAME Addie L Parker
RESIDENCE Meridian Idaho R#1	RESIDENCE Meridian R#1
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Mo
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.54 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Neal

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 10th 1913 J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1944

APR 30 1943

719 - 118-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 13389

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 119

Hospital ____

FULL NAME OF CHILD Geo A Gardner Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	6th	yes	May 18, 1913

FATHER		MOTHER	
FULL NAME	Geo A. Gardner	FULL MAIDEN NAME	Ethie B. Carpenter
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Neal

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 10th 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

FEB 2 4 1976

363 - 223-001-285

PLACE OF BIRTH amended 1/12/82

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Meridian

No. R#I St.

Registration District No. 1

File No. 13390

Primary Registration District No. 2003

Registered No. 120

Hospital

FULL NAME OF CHILD Carolyn May Columna

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	3rd	yes	May 23, 1953

FATHER	MOTHER
FULL NAME Geo F. Columna	FULL MAIDEN NAME Maggie E. Bingman
RESIDENCE Meridian Id. R#I	RESIDENCE Meridian R#I
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wash
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. Neal
Physician
(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10, 1953 J. M. Taylor
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/8/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 8 2 25 PM '82

State of Idaho
County of Ada } ss.

Certificate No. 13390
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Alta Jane Coleman (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 23, 1913 (Date of Event)
in Meridian, ID Ada (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's Name	Alta Jane Coleman	Carolyn May Coleman

Subscribed and sworn to before me this 8th day of January, 1982.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3rd 1985
(Seal)

Marian L Coleman
Signature of Applicant
396 Moraine Pl Eagle Ida 83616
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family bible record lists death of Carolyn May Coleman who died Dec. 20, 1920 at Meridian. Age 7years 6months. Viewed by V.S.
Death cert. on file 32759 gives birth for carolyn May Coleman as May 23, 1913 at Meridiean, ID . Death Dec. 20, 1920 at Meridian.

JAN 12 1982

Family Group Sheet for Carolyn May Coleman born May 23, 1913 in Meridian, Idaho and died Dec. 20, 1920. father's name as George Herbert Coleman and mother's name as Margaret Elizabeth Bingham. viewed by V. S.

294-224-001-249

Amended 2/13/74

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Brin

No. R# II St.

Registration District No. 1

File No. 13391

Primary Registration District No. 2003

Registered No. 121

Hospital

FULL NAME OF CHILD Lylas Lily Brunkow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	3rd	yes	May 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A. Brunkow	Miss L. Smith
RESIDENCE	Boise R# II	Boise R# II
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Wis	Ill
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neef

Physician (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10th 1913 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 14 8 18 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 13391

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lillias Lillie Brunkow (Name on Original Certificate) who was born (Was Born or Died) on May 24, 1913 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Lillias Lillie Brunkow	Lylas Lily Brunkow

Subscribed and sworn to before me this 13 day of February, 1974

Dee Vera Lowe
Notary Public, residing at Boise, Idaho
My commission expires Sept. 19, 1977
(Seal)

Signed Marguerite E. Foster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

914 Logan St. Boise 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

FEB 1 3 1974

Certificate of Baptism, Roman Catholic Church, SAcred Heart, Boise, Idaho
Lylas Lily Walsh born May 24, 1914 at Boise, Idaho Baptized June 1, 1968
Viewed By VS

Application for drivers license - State of Idaho dated June 1, 1965 signed by Sheriff, Paul W. Bright, gives name as Lylas Lily Walsh born May 24, 1913 # 977039.

619-228-032-294

Form V. S. No. 11-C—15m-6-20-11.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman Registration District No. 21 File No. 13[redacted]

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Sarah Mae Ware

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Girl			Yes	(Month) Jan (Day) 28 (Year) 1913

FATHER	MOTHER
FULL NAME: Richard Ware	FULL MAIDEN NAME: Dolley M. Kimball
RESIDENCE: near Hagerman	RESIDENCE: Near Hagerman
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: ..... (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Machinest	OCCUPATION: House Wife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard H Ware Father

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 6 1913 Wm Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 24 1965

795-106-024-399

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Gooding

City of Hagerman Registration District No. File No. 13394

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD — Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Apr 6, 1913

FATHER		MOTHER	
FULL NAME	John Green	FULL MAIDEN NAME	Helen Crist
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Hagerman	BIRTHPLACE	Hagerman
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) D W A Marshall

(Physician or Midwife)

Address

Filed June 1 19 13 D W A Marshall Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

759-212-024-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 13396

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Inez Bensley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	5	yes	Feb 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Bensley	Eva Pattison
RESIDENCE	T. Falls Co Idaho	T. Falls Co Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Utah.	Montana
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 5 1913 D W Marshall Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

314-126-024-689

PLACE OF BIRTH

County of Gooding

City of Hazelman

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. .....

File No. 13397

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Henry Campbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		4	yes	Apr. 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Campbell	Mary Whitley
RESIDENCE	Gooding Co	Hazelman
COLOR	Wh.	Wh.
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Ohio	Utah
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

(Signature) D W A Marshall

(Physician or Midwife)

Address .....

Filed June 19 13 W A Marshall

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

442-218-024-432

[redacted]

Form V. S. No. 11-C 10m-6-20-41

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. File No. 13398

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Frances Louise DuSault

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	(To be answered only in event of plural births)	1	yes	May 14, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philemon Edward DuSault	Laura McKenna
RESIDENCE	Hagerman	~~Colville~~ Hagerman
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY	43 (Years)	36 (Years)
BIRTHPLACE	Jamestchi Quebec Can	Colville Utah
OCCUPATION	Business man	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W A Marshall

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 1 19 13 W A Marshall

Registrar

S-Y CO., 16870

SEP 19 1961

SEP 2 2 1942

253-204-024-24

PLACE OF BIRTH

C—15m-6-20-11

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. _____ File No. 13399

No. _____, _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Louise Clio Bell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	4	Yes	May 6, 1913

FATHER		MOTHER	
FULL NAME	Ray Piper Bell	FULL MAIDEN NAME	Maude Blackhart
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas, LaBette Co	BIRTHPLACE	Blaine Co Idaho.
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ at 4:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkner

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 2 1913 W. A. Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 14 1942

PLACE OF BIRTH (All items at time of this birth)

(a) County Gooding (b) City Hagerman

(c) Street Address or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gooding

(c) City Hagerman

(d) Street Address or R.F.D. No. 2

(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida.

FULL NAME OF CHILD Louise Clio Bell

5. Date of Birth of Child (Month, day, year) May 6, 1913

Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

FULL NAME Ray Piper Bell

Color or Race white

12. Age at time of THIS birth 30 yrs.

Birthplace Mound Valley, Kansas (City or town) (State or foreign country)

Exact Occupation Farmer

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Josephine Blackhart

17. Color or Race white

18. Age at time of THIS birth 28 yrs

19. Birthplace Raley, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

. Name prophylactic used to prevent Ophthalmia Neonatorum 4

. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the dat

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who i related to this child as ____ (Mother, etc.)

. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

ate of Idaho
ounty of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appear Item 4, above; that I am now 50 years of age, that I have known this person for 29 years, and tha Dr. A. V. Rankhoner, M.D. (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state tha e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde apter 139, 1937 Session Laws.

Leo V. Bell Signatur

Hagerman, Idaho P. O. Addres

Subscribed and sworn to before me this 1st day of July 1941

(SEAL) Notary Public, residing at Hagerman, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

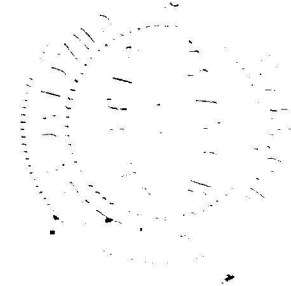
JUL 10 1941

Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-211-024-168

PLACE OF BIRTH

STATE OF [redacted]

Bureau of V[redacted]

CERTIFICAT[redacted]

County of Kootenai

City of Hagerman Registration District No. File No. 19401

No. , St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Dorthy Clarice Nelson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	Yes	April 11, 1913

FATHER		MOTHER	
FULL NAME	Clarence L Nelson	FULL MAIDEN NAME	Winifred Lillian Johnstone
RESIDENCE	Hagerman, Idaho	RESIDENCE	Hagerman, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Galesburg, Ill.	BIRTHPLACE	Galesburg, Ill.
OCCUPATION	Banker	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 4/11/13, at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Hawkins M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 1 1913 W. R. Marshall

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

JUN 1 1 1965

JUN 1 5 1965

731-102-024-281

PLACE OF BIRTH

County of Fremont

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 13402

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Frank Lester Glauner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	(Month) Jan (Day) 2 (Year) 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W Glauner	Emma Sharp
RESIDENCE	Hagerman Idaho	Hagerman
COLOR / AGE AT LAST BIRTHDAY (Years)	white 47	~~AGE AT LAST BIRTHDAY~~ (Years) 34
BIRTHPLACE	Kansas	Warm Creek Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W Glauner
(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____
Registrar

Address ____

Filed Mar 19 13 D Marshall
Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

498-107-024-215

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13403

County of Gooding

City of Hagerman Registration District No.

No. , St.

Amended 3/7/78

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Emmanuel (Henry) Pablo (Paul) Uranga

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4	Yes	April 7, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio Uranga	FULL MAIDEN NAME	Mary Lavalla
RESIDENCE	Hagerman, Idaho	RESIDENCE	Hagerman, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Viscaya, Spain	BIRTHPLACE	Viscaya, Spain
OCCUPATION	Stockman (Sheep)	OCCUPATION	Home wife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 7, 1913, at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkner M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

, 19

Registrar

Filed June 1, 1913 W. A. Marshall

Registrar

S-Y. CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1913-193019

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 7 3 57 PM '78

Affidavit to Correct or Amend a Vital Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 13403

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henry Urango (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1913 (Date of Event)
in Hagerman (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	Urango	Uranga
Last name of father	Urango	Uranga

Subscribed and sworn to before me this 7th day of March, 19 78

Margaret Dorr

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Juanita A. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

501 Noble Boise
(Street Address, City, State) 83702

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 1 copy pd 3-3-78

Family Record Issued8/7/31 gives name as Enrique Uranga born to Anton Uranga.on 4/7/13. viewed by V.S.

Social Security Card #519-12-7944 to Henry Pablo Uranga on 9/29/39 viewed by V.S.

193-203 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lyndeing

City of Hagerman

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 13404

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Clare Gilmore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	3	Yes	April 3 1913

FATHER		MOTHER	
FULL NAME	Henry Burton Gilmore	FULL MAIDEN NAME	Willis J Conduit
RESIDENCE	Hagerman, Idaho	RESIDENCE	Hagerman, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE		BIRTHPLACE	Burlington Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 4/3/13, at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Hawkbaker M.D.

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 1 1913 W. H. Meacham Registrar

S-Y CO., 16670

JUN 1 1962

AUG 1 4 1968

365 - 124-024-719

PLACE OF BIRTH

County of Kootenai

City of Hayden Lake

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 13405

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Leonard Milton Condit

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	Mar 24, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Winifred Condit	FULL MAIDEN NAME	Delia Parks
RESIDENCE	Hagerman Idaho	RESIDENCE	Hagerman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	South Dakota
OCCUPATION	Painter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3/24/13, at 1 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Hawkhauser M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1 19 13 W. A. Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 2 1941

AUG 2 8 1975

952-114-001-669

[redacted]CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. _____ File No. 13406

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Henry Louis Rebbe Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 14th, 1913

FATHER		MOTHER	
FULL NAME	Henry Louis Rebbe	FULL MAIDEN NAME	Leona Forrest
RESIDENCE	Meridian Ida	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kentucky
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/30 19 13 J. M. Taylor

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

One copy 10/29/40 L.B.

693 024-693

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County [redacted] Lodge

City of Bliss

Registration District No. _____ File No. 13407

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ANNIE Watkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 8 1913

FATHER		MOTHER	
FULL NAME	Earl J Watkins	FULL MAIDEN NAME	Carrie May Hale Watkins
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Alabama	BIRTHPLACE	Old Mexico
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell

(Physician or midwife)

Address Bliss

Given names added from a supplemental report

..... 19.....

F T Cary
Registrar

Filed 6 17 13 19 F T Cary MD
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Arizona
County of Maricopa } ss.

Certificate No. 13407

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Wilkins (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1913 (Date of Event) in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on 1913 (Give Date) Marriage License Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Annie Wilkins

Subscribed and sworn to before me this 8th day of May, 1956

G. Fred Jones

Notary Public, residing at Mesa, Maricopa, Arizona

My commission expires My Commission Expires June 20, 1959

(Seal)

Signed Carrie Mae Gale Wilkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

156 So Mesa Dr. Mesa Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1956

G. Fred Jones

Notary Public residing at Mesa, Arizona

My commission expires My Commission Expires June 20, 1959

(Seal)

Signed Mona Williams
(Signature of Any Credible Person)

1737 W Jefferson Arizona
(Street Address, City, State)

FORM DPH 55.155

1 copy paid

JUL 20 1969

NOV 1 8 1969

468-101-024-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. .....

File No. 13408

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD [redacted] Elmer Freeland Moyer

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	Yes	5 / 1 / 13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. S. Moyer	FULL MAIDEN NAME	Susie Kiebler
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Coon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

F. H. Coon
Registrar

Address .....

Filed 6 7 7 19 13 F. H. Coon M.D.
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1913-339590

Photostat copy of page from Family Bible, gives one child's full name as Elmer Freeland Moyer, born May 1, 1913 in Gooding Co., Idaho -- viewed by V.S. appears old and unaltered and Cradle Roll Certificate, Oct. 19, 1914, Methodist Sunday School, gives full name of child as Elmer Freeland Moyer, born May 1, 1913 at Gooding, Idaho to Mr. and Mrs. J.E. Moyer - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 13408

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Moyer (Name on Originaf Certificate) who was born (Was Born or Died) on May 1, 1913 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cradle Roll certificate (Bible Record, Insurance Policy, Etc.) prepared on October 19, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elmer Freeland Moyer
~~Full name of Father~~	~~omitted~~	~~J.E. Moyer~~

Subscribed and sworn to before me this 14th day of December, 19 60

Mary Schmidt

Notary Public, residing at Gooding, Idaho
My commission expires Feb. 10, 1961
(Seal)

Signed Mrs. Bruce L. Moyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
Route 1, Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Gooding~~ Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Affiant being an older sister.

Subscribed and sworn to before me this 14th day of December, 19 60

Mary Schmidt

Notary Public, residing at Gooding, Idaho
My commission expires Feb. 10, 1961
(Seal)

Signed Donna Moyer Stephens
(Signature of Any Credible Person)
Route 2, Gooding, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10-5-60. nm

JAN 11 1961

259-205-024-354

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 13409

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Emily Frances Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Clifford E Berry	FULL MAIDEN NAME	Verna Redman
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minn
OCCUPATION	R F D Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

F. V. Coss

Registrar

Address .....

Filed 6-7-13 F. V. Coss

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—60m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

318-202-024-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. ____ File No. 13410

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Alice Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 2 1913

FATHER		MOTHER	
FULL NAME	Louis B. Taylor	FULL MAIDEN NAME	Lida Orratt
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Indiana	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

F. T. Cary Registrar

Address .....

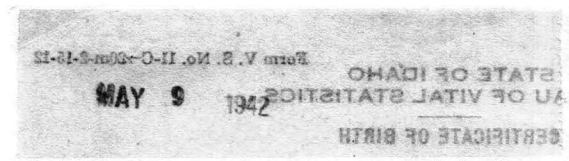
Filed 6-7-13 19..... F. T. Cary Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


MAY 9 1942

695-207-024-686

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. .....

File No. 13411

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Sarah Pansy Winston

Sex of Child Female

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 7 1913
(Month) (Day) (Year)

FATHER

FULL NAME Fred Winston

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE N. Dak.

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Myrtle Thornton

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

(Signature) J. H. Cranwell M.D.
(Physician or midwife)

Address .....

Filed 6-16-13 19.... T. L. Tony
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

T. L. Tony
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

11 30 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13411

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Winston (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1913 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Winston	Sarah Pansy Winston

Subscribed and sworn to before me this 30th day of November, 1972

Florence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Mrs. Hazel C. Daly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own childs birth certificate Phyllis Kay Wing born Dec. 22, 1943 at Boise, Idaho State File No. 384804 gives mothers name as Sarah Pansy Winston.
Viewed by VS

JUL 20 1973

Marriage License and Certificate from Boise, Idaho gives groom's name as Leonard Arthur Wing and the bride's name as Sarah Pansy Winston. Dated March 4, 1935.
Viewed by V. S.

759-[redacted]-24-643

[redacted] BIRTH

[redacted]nded Sept. 29,19[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 2014 File No. 13413

Hospital ..... Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD JAMES RUSSELL PERRIN
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	May 19, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cecil Perrin	FULL MAIDEN NAME	Margrett Fuller
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	H wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) F. T. Cary, M.D.

..... (Physician or midwife)

Address Gooding, Idaho

Filed 6-17- 1913 192.

F. T. Cary Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 13413

Primary Registration District No. 1014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Boby Perrine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Single	1	yes	May 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil Perrine	Margret Fuller
RESIDENCE	Gooding	Gooding
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Teamster	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7a M. on the date above stated.

(Signature) F. T. Cary MD

(Physician or midwife)

Address Gooding Idaho

Filed 6-16 1913 F. T. Corn Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

F. T. Corn Registrar

S-Y CO. 20174

SEP 30 1959

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss.

Certificate No. D 13413

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Perrine (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1913 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by child's birth certificate (Bible Record, Insurance Policy, Etc.) #284295 prepared on Social Security Card-viewed by (Give Date) #518-09-9713 V. S. are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Perrine	James Russell Perrin
Father's Name	Perrine	Perrin

Subscribed and sworn to before me this 17th day of Sept. 1958

Leo F. Robertson

Notary Public, residing at Glenns Ferry, Idaho.

My commission expires Feb. 20, 1960

(Seal)

Signed A. B. Perrin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of September 19 58

Robert A. Smith

Notary Public, residing at Shoshone, Idaho

My commission expires January 19, 1962

(Seal)

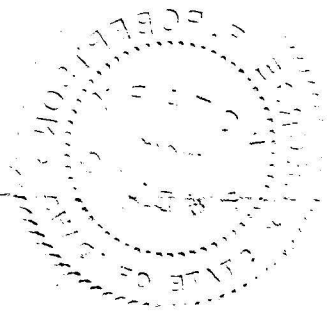
Signed Lucy A. Stoner

(Signature of Any Credible Person)

Box 188 Shoshone, Idaho

(Street Address, City, State)

FORM DPH 55.155



366-126-024-319

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2014 File No. 13415

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Boby Clifton James Coon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	May 26 1913

FATHER		MOTHER	
FULL NAME	Merrin H Coon	FULL MAIDEN NAME	Rose Carpenter
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Depot Agent	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M D

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

F. T. Cary MD
Registrar

Filed 6-16 1913 F. T. Cary MD
Registrar

S-Y CO. 20174

DEC 5 1974

915-118-024-643

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7014 File No. 13416

Primary Registration District No. 7014 Registered No. .....

FULL NAME OF CHILD Boby Rudell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	1	Yes	3 18 '12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M J Rudell	Emma Fuller
RESIDENCE	Gooding	Gooding
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Utah	Wash
OCCUPATION	Rancher	Hoofs

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cary M.D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

F. H. Cary Registrar

Filed 6-16 19 12 F. H. Cary Registrar

9-7 CO. 20174

795-227 [redacted] 363

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Registration District No. 8 File No. 13417

Primary Registration District No. 2034 Registered No. 381

Hospital .....

FULL NAME OF CHILD Genevieve Greer.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	May 27 (Month) (Day) 191 3 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas E. Greer	FULL MAIDEN NAME	Nora Collins
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

K ..... 19 .....

Address Bonners Ferry, Ida.

Filed May 27 19 13 E E Fry

Registrar

S-Y CO. 24655

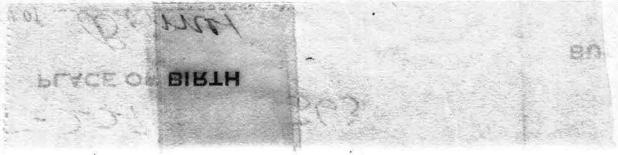
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 11, 1941. E.W.



293-127-009-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-O-2m-11-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13418

County of Bonner

City of Bonners Ferry — Registration District No. 8

No. ____ St. — Primary Registration District No. 2034 — Registered No. 380

Hospital ____

FULL NAME OF CHILD Henry W. Bickford

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 27 1913

FATHER		MOTHER	
FULL NAME	Moses Bickford	FULL MAIDEN NAME	Rosetta May Pickett
RESIDENCE	Bonners Ferry, Idaho	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laundryman	OCCUPATION	Housework

Number of child of this mother, including present birth IV

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:22 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Address Bonners Ferry Idaho.

Given names added from a supplemental report.

....., 19....

Filed May 27 1913. E. E. Fry

Registrar

S-Y CO. 24655

Registrar

OCT 20 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 2 8 20 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Minnesota
County of Anoka

Certificate No. 13418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bickford (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1913 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Henry Wesley Bickford

Subscribed and sworn to before me this 28th day of October, 1976

Phyllis L Wenzel

Notary Public, residing at

My commission expires

(Seal)

PHYLLIS L. WENZEL
NOTARY PUBLIC - MINNESOTA
ANOKA COUNTY
My commission expires June 21, 1980

Signed Henry Wesley Bickford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9543 Lincoln St. N.E. Minneapolis, Minn. 55434
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Minnesota
County of Anoka } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1976

Phyllis L Wenzel

Notary Public residing at

My commission expires

(Seal)

PHYLLIS L. WENZEL
NOTARY PUBLIC - MINNESOTA
ANOKA COUNTY
My commission expires June 21, 1980

Signed Irvin Bickford
(Signature of Any Credible Person)

933 Monroe St. Anoka, Mn 55303
(Street Address, City, State)

FORM DH 60-155 CL 10/20/76

Family Bible record ~~from~~ gives name as Henry W. ~~Bickford~~ Bickford. born May 22, 1913 viewed vy V. S.

NOV 17 1975

Certif of Marriage from Minnesota gives names as Henry Bickford and Martha Fisher. da dated Sept 19, 1970. viewed by V. S.

413-218-009-439

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 10419

Primary Registration District No. 2034 Registered No. 378

FULL NAME OF CHILD Elizabeth Jane Mathieson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes.	May 18 — 1913

FATHER		MOTHER	
FULL NAME	Otto Mathieson	FULL MAIDEN NAME	Hazel Ulrich
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	S. Dakota.
OCCUPATION	Bank clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry M. D.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

Filed May 21 19 13. E. E. Fry

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1975

DEC 3 0 1941

83-114-007-813

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13420

Primary Registration District No. 2034 Registered No. 376

FULL NAME OF CHILD Malcolm Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 14 1913

FATHER		MOTHER	
FULL NAME	Joseph J. Hall	FULL MAIDEN NAME	Sarah Hall
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ontario	BIRTHPLACE	Ontario
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician (Physician or midwife)

Address Bonners Ferry

Given names added from a supplemental report.

..... 19.....

Filed May 16 19 13

..... Registrar

E. E. Fry, Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-112-009-916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m 1-1-13

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13421

Primary Registration District No. 2034 Registered No. 375

FULL NAME OF CHILD Arthur Jackson Stauffer.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 12 1913

FATHER

FULL NAME Leslie J. Stauffer

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Minnesota

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Ruby P. Rawson

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Leslie J. Stauffer

Physician

(Physician or midwife)

Address Bonners Ferry Idaho

Filed May 14 19 13. E E Fry

Registrar

8-Y CO. 24655

MAR 1 1949

842-202-009-819

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry. Registration District No. 8 File No. 13422

No. ____ St. Primary Registration District No. 2034 Registered No. 374

Hospital ____

FULL NAME OF CHILD Doris Grace Hubble

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	May 2 — 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover Hubble.	FULL MAIDEN NAME	Grace C. Hart.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virginia.	BIRTHPLACE	Idaho.
OCCUPATION	Machinist.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician. (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed May 3 1913 E E Fry. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 13422

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Doris Grace Hubble

Subscribed and sworn to before me this 13th day of _____, 1944.

_____
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1947
(Seal)

Signed (Mrs) Grace C. Hubble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

714 No. 8th, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

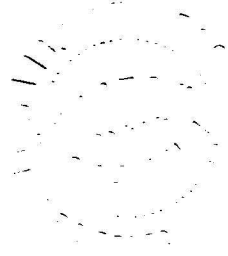
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Registration

City of Elmira — Registration District No. 8 — File No. 1342

No. ____, ____ St. — Primary Registration District No. 2034 — Registered No. 378

Hospital ____

FULL NAME OF CHILD Agnes Augusta Blum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twins	1	yes	April 26, 1913

FATHER		MOTHER	
FULL NAME	Charles Blum	FULL MAIDEN NAME	Lydia Hansen
RESIDENCE	Elmira	RESIDENCE	Elmira
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louise Bowman

Midwife (Physician or Midwife)

Address Elmira N.Y.

Given names added from a supplemental report

..... 19.....

Filed April 29 — 1913

..... Registrar

S-Y CO., 18670

E. E. Fox Registrar

Form V.S. No. 11—10m-3-20-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

234-226-009-815

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Elmira

No. ..... St.

Hospital .....

Registration District No. 8. File No. 13424

Primary Registration District No. 2034 Registered No. 872

FULL NAME OF CHILD Alice Lavarda Blum

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female	twin	"	yes	April 26 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Blum	FULL MAIDEN NAME	Lydia Hansen
RESIDENCE	Elmira	RESIDENCE	Elmira
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louise Boisvenue

midwife
(Physician or midwife)

Address Elmira Ida

Given names added from a supplemental report

..... 19.....

Filed Apr. 29- 1913.

..... Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1975

662-125-009-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13425

Primary Registration District No. 2031 Registered No. 371

FULL NAME OF CHILD Robert Earl Foster.

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	—	yes.	Apr. 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Foster	FULL MAIDEN NAME	Lila Macdonald.
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry,

Physician.
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Apr. 26 19 13. E E Fry, Registrar

8-Y CO. 24655

269-28-009-666

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ____ St.

Hospital ____

Registration District No. 8 File No. 13426

Primary Registration District No. 2034 Registered No. 37

FULL NAME OF CHILD Phyllis Helen Sorensen.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes.	Apr. 18 1913.

FATHER		MOTHER	
FULL NAME	Wm Sorensen.	FULL MAIDEN NAME	Ina Woodward.
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	24.
		BIRTHPLACE	Wis.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician.
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Filed May 1 - 1913. E E Fry.
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1972

815-111-009-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

13427

Registration District No. 8 File No. .....

Primary Registration District No. 2031 Registered No. 369

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 11 1913

FATHER		MOTHER	
FULL NAME	Everett Hanna	FULL MAIDEN NAME	Lucille Frederick
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 14-1913. 58 Fm

Registrar

S-Y CO. 24655

445-21-009-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boner

City of Bonners Ferry — Registration District No. 8 — File No. 13428

No. ____ St. — Primary Registration District No. 2034 — Registered No. 364

Hospital ____ Alberta

FULL NAME OF CHILD Genevieve Dunning.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Apr. 11 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm F. Dunning	Anna Bjhrndahl
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	New York.	Norway
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.05 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Fry, Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

Filed Apr. 12 - 1913 D. E. Fry
Registrar

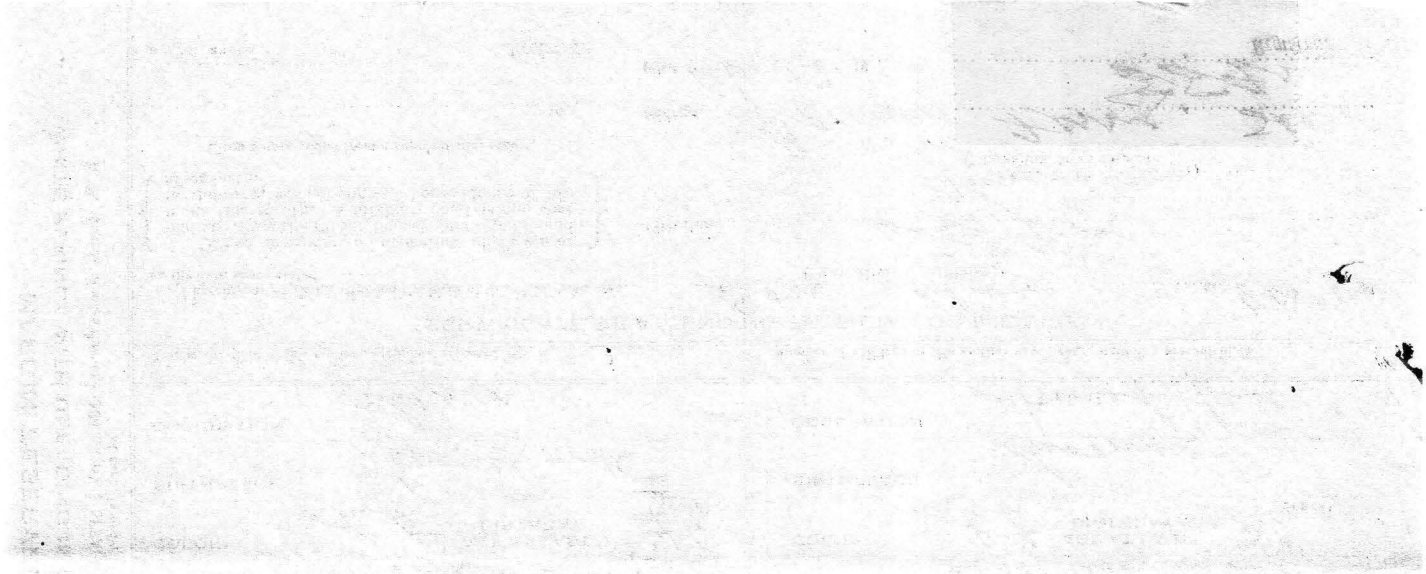
....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 14 1945

PLACE OF BIRTH

666-121-009-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-0—Rev. 1-1-30

County of Bonner

City of Lenia

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13429

Primary Registration District No. 2034 Registered No. 367

FULL NAME OF CHILD Floyd James Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and —	—	yes	Mar. 21 1913

FATHER		MOTHER	
FULL NAME	Clarence Woodward	FULL MAIDEN NAME	Amy Cooper.
RESIDENCE	Lenia, Ida.	RESIDENCE	Lenia, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Belle W. Hankla

Midwife. (Physician or midwife)

Address Lenia, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Mar. 26 - 1913

..... Registrar

S-Y CO. 24655

E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-41

613-217-009-796

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boner

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13430

Primary Registration District No. 2031 Registered No. 366

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	—	—	yes	Mar. 17 — 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence L. Walker	FULL MAIDEN NAME	Alice Probert
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Maine.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Fry

Physician.

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mar. 20 1913 E. B. Fry

Registrar

S-Y CO. 24655

Registrar

JUN 5 1973

443-216-009-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonx

No. ..... St.

Hospital .....

Registration District No. 8

File No. 13431

Primary Registration District No. 2036

Registered No. 377

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Y
Female	Single	Four	Yes	May 16 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm F. Dulong	FULL MAIDEN NAME	Nellie Sloan
RESIDENCE	Bronx	RESIDENCE	Bronx
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31	COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mich.	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Dulong

~~(Physician or Midwife)~~

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 9 19 19 M McKinnon

Registrar

S-Y CO., 16670

JAN 23 1969

193 - 220 - 009 - 279

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Registration District No. 8 File No. 13432

No. ____, ____ St. Primary Registration District No. 2036 Registered No. 379

Hospital ____

FULL NAME OF CHILD Ida May Jilek

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	May 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anthony Jilek	Maud Alice Spencer
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	30
BIRTHPLACE	Bohemia	Wisconsin
OCCUPATION	Lumber Grader	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Swaney

(Physician or Midwife)

Address Priest River

Given names added from a supplemental report

....., 19.....

Filed June 9 1913 M McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1942

128-103-009-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 13433

No. S. Boyer St.

Primary Registration District No. 2036

Registered No. 385

Hospital

FULL NAME OF CHILD Carter Wood Ashley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	June 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Ashley Jr.	Marie Rene Chevrier
RESIDENCE	Sandpoint Ida	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Cal.	Montana
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKennon

Physician

Sandpoint Ida

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed June 10 19 13 M. McKennon
Registrar

S-Y CO. 20174

AUG 2 9 1974

DEC 1 4 1976

552-222-009-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 6 — File No. 13434

No. ____ St. — Primary Registration District No. 2036 — Registered No. 384

Hospital ____

FULL NAME OF CHILD MARGARET IONE VESTAL

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	May 22 1913

FATHER		MOTHER	
FULL NAME	G. S. Vestal	FULL MAIDEN NAME	Vella Garyaun
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ill.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 10 1913 M McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO SEP 8 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Jackson } ss.

Certificate No. 13434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Ione Vestal (Name on Original Certificate) who was born (Was Born or Died) on May 22,1913 (Date of Event)
in Sand Point,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby Record Book (Bible Record, Insurance Policy, Etc.) prepared on or about June 1,1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Ione Vestal

Subscribed and sworn to before me this 4th
day of Sept, 19 42
E.A. Bellows

Notary Public, residing at Ashland,Oregon
My commission expires May 12,1944
(Seal)

Signed Della Vestal mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1035 N.Main St.,Ashland,Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Jackson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of Sept, 19 42
E.A. Bellows

Notary Public, residing at Ashland,Oregon
My commission expires May 12-1944
(Seal)

Signed Mrs Margaret Johnson
(Signature of Any Credible Person Other Than Previous Year)

166 Ohio St Ashland Oregon
(Street Address, City, State)

SEP 9 1942

365 - 213 - 009 - 753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. _____ St.

Hospital _____

Registration District No. 8 File No. 13435

Primary Registration District No. 2036 Registered No. 383

FULL NAME OF CHILD Thelma Mursiel Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2d	Yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Ora Long	FULL MAIDEN NAME	Pearl Irene Peterson
RESIDENCE	Near Morton. Idaho	RESIDENCE	Near Morton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Baxter Jasper County Iowa	BIRTHPLACE	Waupaca Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~at~~ May 13 1913, at 11 00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred H. Didier MD

Laclede Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 10 1913 M McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1974

449-210-009-4134

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13436

Primary Registration District No. 2036 Registered No. 382

FULL NAME OF CHILD BESSIE MAY MURRAY

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	6	Yes	May 10 1913

FATHER		MOTHER	
FULL NAME	Chas. B. Murray	FULL MAIDEN NAME	Jula McDowell
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Cat Marshall	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Cal.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McGuinness

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 M. McGuinness Registrar

B-Y CO. 20574

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

JUN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Chelan }

Certificate No. 13436

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Bessie May Murray (Name on original certificate) who was born (Was born or died) on May 10-1915 (Date of event)
in Sand Point, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bessie Winnifred Murray (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name omitted		
place of birth	no name given	Bessie May Murray

Subscribed and sworn to before me this 5th
day of June 1941

Margaret Cushman
Notary Public residing at Wenatchee Wash.
My commission expires
[SEAL]

AUDITOR CHELAN COUNTY

Signed Bessie Winnifred Murray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Wenatchee Wash
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Chelan }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of June 1941

Margaret Cushman
Notary Public residing at Wenatchee Wash.
My commission expires
[SEAL]

AUDITOR CHELAN COUNTY

Signed Mrs Geo Van Slate
(Signature of any credible person other than the previous affiant)

Malaga Wash
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

c.c. 6/16/41. w.h.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Pocatello — Registration District No. 19 — File No. 13437

No. 515 N. Harrison St. — Primary Registration District No. 1002 — Registered No. 120

Hospital

FULL NAME OF CHILD Harold Saxton Appling

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 9 1913

FATHER		MOTHER	
FULL NAME	James J. Appling	FULL MAIDEN NAME	Bessie Marion Weidner
RESIDENCE	515 N. Harrison	RESIDENCE	515 N. Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Salem, S. Dak.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Green

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed 5/11 19 13 O. B. Green Registrar

.....Registrar

S-Y CO. 20174

cc 11-30-40 mp

513-228-003-489

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 454 N. 4th St.

Hospital

CERTIFICATE OF BIRTH

19430

Registration District No. 19 File No. 3

Primary Registration District No. 1002 Registered No. 124

FULL NAME OF CHILD Vatrino

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 25 1913

	FATHER	MOTHER
FULL NAME	Joseph Vatrino	FULL MAIDEN NAME Stephanina Dirosa
RESIDENCE	454 North 4th	454 North 4th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	41
BIRTHPLACE	Italy	
OCCUPATION		Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 7 a. M. on the date above stated.

(Signature) O T Green

(Physician or midwife)

Address Pocatello Idaho

Filed 5-30 1913 O T Green Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

366-128-003-962

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 13439

Primary Registration District No. 1002

Registered No. 123

FULL NAME OF CHILD William L. Condrey, Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			May 25 1913

FATHER		MOTHER	
FULL NAME	William Lathrop Condrey	FULL MAIDEN NAME	Margret Catherine Roberts
RESIDENCE	Dietrick, Ida	RESIDENCE	Dietrick, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	New Rochelle N.Y.	COLOR	White
OCCUPATION	Master Mechanic	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Aberdeen So. Dak.
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-30 1913 O B Steely Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 22 3 43 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 13439

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cowdry (male) (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	William L. Cowdrey, Jr.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Pennsylvania
County of Mercer } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
July, 1974

Notary Public, residing at Grove City, College
My commission expires
(Seal)

Carol M. SAUTTER, Notary Public
Grove City, Mercer Co., Pa.
My Commission Expires Sept. 5, 1977

Signed Jayne M. McKnight
(Signature of Any Credible Person)

446 East Main Street
(Street Address, City, State)
Grove City, Pennsa.

FORM DH-60-159

CL 7/10/74 mm

Carol M. Sautter

Obituary of mother gives her name as Mrs. Margaret R. Cowdrey survived by William Lathrop Cowdrey son of hers. viewed by V. S.

JUL 23 1974

Photo-copy from Family Bible gives name as William Lathrop Cowdrey born May 28, 1913.at Pocatello, Idaho. son of W. L. and Margaret Cowdrey. viewed by V. S.

959-225-003-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13440

County of Bannock

City of Pocatello

No. 540 N. Main St.

Hospital

Registration District No. 19 File No. 3

Primary Registration District No. 1007 Registered No. 122

FULL NAME OF CHILD Reid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				5 25 1913

FATHER	MOTHER
FULL NAME Roy H. Reid	FULL MAIDEN NAME Lillian E Casperson
RESIDENCE 540 N. Main St	RESIDENCE 540 N. Main St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Bowling Green, O.	BIRTHPLACE Racine, Wis.
OCCUPATION Carpenter Smith	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Reed

(Physician ~~or midwife~~) Pocatello Idaho

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-27 1913 O. D. Reed Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-213-003-533

Form V. S. No. 11-C

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19441

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 3

No. 319 So. Hayes St. — Primary Registration District No. 1002 — Registered No. 121

Hospital

FULL NAME OF CHILD ROBERTA LOUISE WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			5 13 1913

FATHER

FULL NAME: Bert S. Wright

RESIDENCE: 319 So. Hayes

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wichita, Kansas

OCCUPATION: Brakeman

MOTHER

FULL MAIDEN NAME: Agnes Pearl Elliott

RESIDENCE: 319 So. Hayes

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Douglas, Kans.

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Deeley

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

19

Registrar

Filed 5-15- 1913 O. J. Deeley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 13441
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Roberta Louise Wright birth
(Birth or Death)
for Roberta Louise Wright who was born on May 13th, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by from my memory as mother ~~prepared on~~
(Bible Record, Insurance Policy, Etc.) (Give Date)
, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Roberta Louise Wright

Subscribed and sworn to before me this 25th
day of March 19 42.
G. A. McQuillan
Notary Public, residing at Pocatello, Idaho.
My commission expires June 20, 1944.
(Seal)

Signed Mrs Agnes Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
507 No. 11th Ave.,
Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of March 19 42.
Marie D. Holmes.
Notary Public, residing at Pocatello, Idaho
My commission expires March 12, 1942
(Seal)

Signed B S Wright
(Signature of Any Credible Person Other Than Previous Year)
507 No. 11th Ave.,
Pocatello, Idaho.
(Street Address, City, State)

MAR 1942

234 - 230-003 - 348
Amended 5/30/72
PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13442

County of Bannock

City of Pocatello

Registration District No. 19

File No.

No. 546 N. Lincoln St.

Primary Registration District No. 1002

Registered No. 130

Hospital

FULL NAME OF CHILD Violet Georgia Sturman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female		----	Yes	April (Month) 30 (Day) 191 3 (Year)

FATHER	MOTHER
FULL NAME: Thos. Edw. Sturman	FULL MAIDEN NAME: Ethel McQuillan.
RESIDENCE: Lima, Montana	RESIDENCE: Lima, Montana.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Burlingame, Kans.	BIRTHPLACE: Butte, Montana.
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6/2 19 13

O. B. Heed
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 13442

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Violet Georgia Sturman (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1913 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Violet Georgia Sturman	George Ann Sturman
Date of birth	May 30, 1913	April 30, 1913

Subscribed and sworn to before me this 5th day of May, 19 72

Grace E Gilmore

Notary Public, residing at Pocatello

My commission expires 1-1-74

(Seal)

Signed Thomas E Sturman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

87 Toponce Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 72

Notary Public, residing at Pocatello

My commission expires 1-1-74

(Seal)

Signed Lilas E Mickelsen

(Signature of Any Credible Person)

83 Toponce Pocatello, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 4/20/72 mlcc pd.

Application to Modern Woodmen of America Insurnace Co gives name as George Ann Vonderlinden. Born April 30, 1913 at Pocatello, Idaho. 8-23-43. Viewed by V. S.

Letter from Grace Lutheran Church of Pocatello, Idaho dated April 25, 1972 gives name as Mrs. George Ann von der Linden. Date of birth April 30, 1913 and was baptized April 25, 1948. Signed by Rev. Erhart L. Bauer. Viewed by V. S.

993-223-003-625

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13443

County of Bannock

City of Pocatello

No. 534N. Grant St.

Hospital ----------

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 129

FULL NAME OF CHILD Leonore Anna Josephine Ritzman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	---- and	----	Yes	May 23 1913

FATHER	MOTHER
FULL NAME: Oscar Andrew Ritzman	FULL MAIDEN NAME: Leonora Oberg
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Sundsvaln, Sweeden	BIRTHPLACE: Sundsvaln, Sweeden
OCCUPATION: Contractor (Carpenter)	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Heward M.D.

(Physician [redacted])

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5-25 19 13

O. B. Stuart
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1946

293 - 220
003 - 395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13444

County of Bannock

City of Pocatello

Registration District No. 19

File No.

No. 355S. Hayes St.

Primary Registration District No. 1002

Registered No. 125

Hospital ----------

FULL NAME OF CHILD Willa Zoe Bitz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	----	----	Yes	May 20 1913

FATHER	MOTHER
FULL NAME: Lewis A. Bitz	FULL MAIDEN NAME: Alma E. Linistrom
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Waterbury, Conn.	BIRTHPLACE: Hastings, Nebraska
OCCUPATION: R.R.Postal clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5-22 19 13

O. B. Treat
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 29 1962

653 - 108003 - 217

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13445

County of Bannock

City of Pocatello

Registration District No. 19

No. 727 N. Buchanan St.

Primary Registration District No. 1002

Registered No. 127

Hospital ----------

FULL NAME OF CHILD Alfred H.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	----	-----	No	May 8 1913

FATHER	MOTHER
FULL NAME: Arnold Weldon	FULL MAIDEN NAME: Zella Bagshaw
RESIDENCE:	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Beaver, Utah	BIRTHPLACE: Beaver, Utah
OCCUPATION: Rancher	OCCUPATION: None

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Pocatello Idaho

Address

Given names added from a supplemental report

.....19.....

Filed 5-10 1913 O. F. Sweet

.....Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-107-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 13446

County of Bannock

City of Pocatello

Registration District No. 19

File No. 13446

No 454 E. Freemont *St.*

Primary Registration District No. 1002

Registered No. 126

Hospital ———

FULL NAME OF CHILD Lee Ed Dotson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	--	----	Yes	May 7 1913

FATHER	MOTHER
FULL NAME: Ed. Dotson	FULL MAIDEN NAME: Clara Williams
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Palermo, Italy	BIRTHPLACE: Canton, Ohio
OCCUPATION: Boilermaker	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed 5/9 19.13 O. F. Steele

.....
Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1975

713-202-003-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13497

County of Bannock

City of Pocatello

No. 345 N. 5th St.

Hospital ———

Registration District No. 19

File No.

Primary Registration District No. 1002

Registered No. 125

FULL NAME OF CHILD Rose Ann Patton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 2, 1913

FATHER	MOTHER
FULL NAME: Thos. Jefferson Patton	FULL MAIDEN NAME: Bernice Jeanne Caderette
RESIDENCE: Minnidoka, Idaho	RESIDENCE: Minnidoka, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Franklin, Idaho	BIRTHPLACE: Saginaw, Michigan
OCCUPATION: Section Forman	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Howard M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-6 19 13

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

13447

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No. 345 No 4th Ave.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bannock
   (c) City Pocatello.
   (d) Street Address or R.F.D. No. 345 No 4th Ave.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Rose Ann Patton

5. Date of Birth of Child (Month, day, year) May 2 1913.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Patton.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Franklin Idaho. (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Josephine Caderette.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Saginaw Michigan. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3. Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 7 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Bernice J. Patton, who is related to this child as Mother. (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. Midwife Address Pocatello Idaho Date 5/12/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-118-003-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 236 W. Whitman St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 13448

Primary Registration District No. 1002 Registered No. 131

FULL NAME OF CHILD Edwen Richard Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Berg	Pearl Anderson
RESIDENCE	236 W. Whitman	236 W. Whitman
COLOR	white	white
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Sweden	Idaho Falls, Idaho
OCCUPATION	merchant	housekeeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Mrs. Annie Bird

Midwife
(Physician or midwife)

Address 905 So. Main St

Filed 5-20 19 13 O. B. Leach
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1942

855-127-003-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 126 S. Lincoln St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13449
~~13449~~

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 132

FULL NAME OF CHILD Henry Harald Hendrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marens B. Hendrickson	Bertha August Peterson
RESIDENCE	126 S. Lincoln	126 S. Lincoln
COLOR	white	white
AGE AT LAST BIRTHDAY	48 (Years)	31 (Years)
BIRTHPLACE	Norway	Bear River City, Utah
OCCUPATION	common laber	housekeeping

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 405 So. Main St.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/29/1913 O B Leach Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-226-003-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13450

County of Bannock.

City of Pocatello

No. 628 So. 5th St.

Registration District No. 19

File No.

Primary Registration District No. 1002

Registered No. 133

Hospital

FULL NAME OF CHILD Ruth Mindy Vanderhaasteen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		1	Yes.	May 26 1913

FATHER

FULL NAME: Clyde Egbert Vanderhaasteen

RESIDENCE: Pocatello Ida

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Minister of Gospel.

MOTHER

FULL MAIDEN NAME: Margaret Jane Mindy

RESIDENCE: Pocatello, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Canada.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5/28 1913

[illegible]
Registrar

S-Y CO. 20174

493-203-003-849

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 657 No. Grant St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 13451

Primary Registration District No. 1002

Registered No. 134

FULL NAME OF CHILD Sarah Ann Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 3 1913

FATHER		MOTHER	
FULL NAME	Monta L. Miller	FULL MAIDEN NAME	Mary E. Hurst
RESIDENCE	657 So. Grant	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Coach Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 a.m. 30 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Lang

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5-3- 1913

O. B. Steed
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
JUL 19 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3451
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Sarah Ann Miller (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on May 3, 1913 (DATE OF EVENT) in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Sarah Ann Miller

Subscribed and sworn to before me this 14th day of July, 1967

Virginia C. Kistler

Notary Public, residing at Hayward, Calif.

My commission expires VIRGINIA C. KISTLER
(SEAL) My Commission Expires December 5, 1970

Signed: Sarah Ann Miller
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1967

W. Blue Jackson

Notary Public, residing at Jerome Idaho

My commission expires 9-10-69
(SEAL)

Signed: Fay Vanderhei
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

624 E 2nd S Jerome Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Own childs birth certificate on file with State of Idaho, # 229828 gives name as Sarah Ann Miller. Child born Jan 31, 1935.
Viewed by V. S.

JUL 19 1967

Diploma issued by King Hill High School on May 7, 1931 gives name as Sarah Ann Miller Kenneth LaViolette Supt.
Viewed by V. S.

847-224-003-295

PLACE OF BIRTH

County of Bannock

City of Pocatello Ida. Registration District No. 19 File No. 13452

No. St. Primary Registration District No. 1002 Registered No. 135

Hospital

FULL NAME OF CHILD Melba Elizabeth Hugues.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 24 1913

FATHER		MOTHER	
FULL NAME	Charles Hugues	FULL MAIDEN NAME	Althea Le Sieur
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida.
COLOR	French	COLOR	Indian
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	France	BIRTHPLACE	California
OCCUPATION	Teacher	OCCUPATION	Housewife

*Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. M. Davis
(Physician or midwife)

Address Pocatello Idaho

Filed 4/26 1913 O. B. Rice
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form U. S. No. 11-C—20m-2-15-12

STATE OF
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A PERMANENT RECORD

IN B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the words
"1 child," "2 children," etc., must be written in the blank above.

Co
Cit
No.
Date
FULL
Sex
Chil
FULL NAME
RESID
COLOR
BIRTH
OCCUP
Number of
1 born
Given the day
Yes
mid-w
mothe
nothing
after

815-229-003-865

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13453

County of Bannock

City of Pocatello

No. 340 N. 5th Ave St.

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 136

Hospital

FULL NAME OF CHILD Veda Oriel Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 29th 1913

FATHER		MOTHER	
FULL NAME	Harley V. Hansen	FULL MAIDEN NAME	Effie M. Arnell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	St Charles Idaho
OCCUPATION	Sawyer (Lumber Mill)	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 29/13, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle

M. D.
(Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6/1/13 O. B. Head
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

County of

253-231-003-3-19

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 Cr 20m 6-11-12

City of Pocatello

Registration District No. 19

File No. 13454

No. 628 N. Sherman St.

Primary Registration District No. 1002

Registered No. 137

Hospital

FULL NAME OF CHILD Darques Lorain Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 31st 1913

	FATHER	MOTHER
FULL NAME	D. Clive Beckstead	FULL MAIDEN NAME: Lorain Smith
RESIDENCE	Pocatello Ida	Pocatello Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Whitney Ida	Boston Ida
OCCUPATION	Coach Carpenter O.S.L.	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 31/13, at 4 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6-2 1913

O P Beach
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 1 0 1961

299 - 203 - 003 - 000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13455

County of Bannock

City of Pocatello — Registration District No. 19 — File No.

No. Ranch Near Pocatello St. — Primary Registration District No. 1002 — Registered No. 138

Hospital

FULL NAME OF CHILD Florence Elizabeth Briscoe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 3rd 1913

FATHER		MOTHER	
FULL NAME	Earnest Pearl Briscoe	FULL MAIDEN NAME	Elizabeth
RESIDENCE	Near Pocatello Ida	RESIDENCE	Near Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mancas Colo	BIRTHPLACE	Grand Junction Colo.
OCCUPATION	Blacksmith R.R.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 3/13 at 2 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6/5 19 13

O B Steele
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1945

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Near Middleton
593-129 Idaho
No. 014-23a St.

Registration District No. 3

Primary Registration District No. 2005

File No. 134[redacted]

Registered No. 44

Hospital

FULL NAME OF CHILD Everett Jesse Nicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)
M.			Yes	Apr 29 [illegible]

FATHER		MOTHER	
FULL NAME	Chas F Nicks	FULL MAIDEN NAME	Lorita E Story
RESIDENCE	Near Middleton	RESIDENCE	Middleton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Hurst M.D.

Chas Idaho

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed May 15 1913 John A. Meyer
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, triplets, etc., the certificates must be numbered in order of birth.

FEB 28 1949

391-108-014-783

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 13457

No. R. F. D. #3 St.

Primary Registration District No. 2005 Registered No. 115

Hospital

FULL NAME OF CHILD John Edward Travis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	May 8, 1913

FATHER	MOTHER
FULL NAME: Alair Lacy Travis.	FULL MAIDEN NAME: Grace Iva Peck.
RESIDENCE: Caldwell, R. F. D. #3 Sunny Slope.	RESIDENCE: Caldwell, R. F. D. #3 Sunny Slope.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Illinois.	BIRTHPLACE: Oregon.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or still born) at 9:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, or other person must make this return. A stillborn child is one which neither breathes nor shows other evidence of life after birth.

Given names added from Certificate

(Signature) C. M. Raley M. D. Physician

(Physician or midwife)

Address Caldwell, Idaho.

Filed May 13 1913 John L. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 21 1960

County of

485-109-014-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Registration District No. 3 File No. 13458

Primary Registration District No. 2005 Registered No. 116

Hospital

FULL NAME OF CHILD Yoshio Myematsu

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male.			Yes.	May 9- 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ushitaro Myematsu	Yone Yonunaga
RESIDENCE	Caldwell - Rural	Caldwell Idaho
COLOR	Jap	Japan
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife -

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ushitaro Myematsu -
Husband -
(Physician or midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report

.....19.....

Filed May 17- 1913 John S. Meyer
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3992-1[illegible]014-812

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. City St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 13459

Primary Registration District No. 1005 Registered No. 117

FULL NAME OF CHILD Yatsuo Nishioka

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: May 12 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Tom Nishioka	FULL MAIDEN NAME	Takino Takigawa
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho.
COLOR	Japan.	COLOR	Japan
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	U.S. Dept Labor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Nishioka

Husband.
(Physician or midwife)

Address Caldwell Idaho.

Filed May 19 1913 John S. Meyer
Registrar

1st and 2nd copies issued Dec. 11, 1936
Given names added from a supplemental report
3rd copy issued Dec. 9, 1941
19

Registrar

8-Y CO. 20174

(over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 certified copies issued Dec. 11, 1936 # 4100-4101
PBA.

JUN 25 1959
PLACE OF BIRTH

DEC 9 1941

713 - 111-014 - 249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St. ———

Hospital ———

Registration District No. 3 File No. 13460

Primary Registration District No. 1005 Registered No. 118

FULL NAME OF CHILD ——— ARTHUR SWEET PATTON

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	Yes	May 11 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME C. M. Patton	FULL MAIDEN NAME Cora Sweet
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Mo	BIRTHPLACE Ill
OCCUPATION Store keeper	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller, M. D.

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

.....19.....

Filed May 20 1913

.....Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

713-111-015-249

OCT 20 1943

266 - 211-014-219

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 13461

Primary Registration District No. 2005 Registered No. 119

FULL NAME OF CHILD

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: May 11 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Bowman	FULL MAIDEN NAME	Margarie Beard
RESIDENCE	Caldwell, R.F.D. #1	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Raley

Physician

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 13 1913 Jos. S. Meyer
Registrar

8-Y CO. 20174

699-113-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Registration District No. 3 File No. 13462

Primary Registration District No. 2005 Registered No. 120

Hospital No

FULL NAME OF CHILD EARL ALPHEUS WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	May 13 1913

FATHER	MOTHER
FULL NAME Chas. Wright	FULL MAIDEN NAME Nellie Harris
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Miller (M.D.)
(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 20 1913 John L. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

DEC 9 1941

Certificate No. 13462
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wright (Name on original certificate) who was (Was born or died) on May 13, 1913 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wright	Earl Alpheus Wright

Subscribed and sworn to before me this 6 day of Dec, 1941.
Notary Public, residing at Nampa, Idaho
My commission expires Jan 12, 1943
[SEAL]

Signed Nellie Harris Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
903 Galveston St Caldwell, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Dec, 1941.
Notary Public, residing at Nampa, Idaho
My commission expires Jan 12, 1943
[SEAL]

Signed Mrs Victor Angier Sister
(Signature of any credible person other than the previous affiant.)
Route 3 Caldwell, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 1941

663-114-014-218

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of ////////Caldwell Registration District No. 3 File No. 13463

No. ////////// St. Rural Primary Registration District No. 2005 Registered No. 121

Hospital ////////////

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2d	Yes	5-14, 13 ., 191

FATHER	MOTHER
FULL NAME: Wolfe, W.J.	FULL MAIDEN NAME: Bay, May
RESIDENCE: Lower Dam.	RESIDENCE: Lower Dam.
COLOR: White	AGE AT LAST BIRTHDAY: 23 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Logan Ohio.	BIRTHPLACE: Boise Idaho.
OCCUPATION: Farmer.	OCCUPATION: House Wife.

Number of child of this mother, including present birth: 2d.

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50, P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Johnson

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed May 16, 1913. John L. Meyer Registrar

.....
Registrar

S-Y CO., 16670

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 13464

Primary Registration District No. 2005 Registered No. 122

Hospital

FULL NAME OF CHILD Jean Russell Baker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 14, 1909

	FATHER	MOTHER
FULL NAME	John R. Baker	Julia Edith Waller
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Oklahoma
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. M. Baker

Physician

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 15 — 1909 John S. Meyer
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1952

Dup of 1913 - DE49-1216

DUP OF 1913 DE49-1216

A F F I D A V I T

STATE OF WASHINGTON)
)ss
COUNTY OF SPOKANE)

I, Julia E. Waller Beckman, of Spokane, County of Spokane and State of Washington, being first duly sworn do depose and state that my son, Verne Jay Baker is one and the same person as Verne Jay Beckman. John Russell Baker, father of my son Verne Jay Baker, and I were divorced when Verne Jay Baker was a very small boy and Verne Jay Baker has always used the name of Verne Jay Beckman, since my marriage to Clarence A. Beckman April 26,1918.
Dated at Spokane,Washington this 20th day of January,1949.

Julia E. Waller Beckman

Subscribed and sworn to before me this 20th day of January,1949, at Spokane, Washington.

Ella McNulty
Notary Public in and for the State of Washington. Residing in Spokane.
My commission expires May 20,1950.

SEP 14 1976

386-218-014-893

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 3 File No. 13465

Primary Registration District No. 2005 Registered No. 123

FULL NAME OF CHILD Not named, THELMA JESSIE THORNTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	single	5	yes	May 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Willard Thornton	Nora Ethel Hill
RESIDENCE	Notus	Notus
COLOR	white	white
AGE AT LAST BIRTHDAY	37 (Years)	31 (Years)
BIRTHPLACE	Neb.	Kans.
OCCUPATION	Farmer.	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 18th 1913 at 8 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or midwife)

Address Notus Idaho

Given names added from a supplemental report

..... 19.....

Filed May 20 1913 John D. Meyer

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 - 1954

666-220-014-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Registration District No. 3 File No. 13466

Primary Registration District No. 2001 Registered No. 124

Hospital .....

FULL NAME OF CHILD Geraldine VIOLA Wood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	May 20 1913

FATHER		MOTHER	
FULL NAME	Oliver R. Wood	FULL MAIDEN NAME	Maggie Peckham
RESIDENCE	Parma R.I.	RESIDENCE	Parma R.I.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	farmer's wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) Edds. B. Alley M.D

(Physician or midwife)

Address Parma, Idaho

Filed June 2 1913 John L. Meyer
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

AUG 27 1942

Date September 14, 1942

I Maggie Agetha Peckham Wood, do solomnely swear that the record of birth sent in by Dr. Allan of Parma, Idaho to be recorded as Geraldine Wood rightfully belongs to my daughter Geraldene Viola Wood, the only child born to me on May 20,1913 . Geraldene Viola Wood is the 8th. child born of the union of Maggie Agetha Peckham and Oliver Franklin Wood.

Signed Maggie Agetha Peckham Wood (mother)

Signed Oliver Franklin Wood (father)

NOTARY:

State of Idaho (
County of Canyon (ss.

On this 14th day of September, 1942, before me G. G. Miller, a Notary Public in and for the State of Idaho, personally appeared Maggie Agetha Peckham Wood, and Oliver Franklin Wood, husband and wife, known to me to be the persons whose names are subscribed to the within and foregoing instrument and acknowledged to me that they executed the same.

WITNESS MY HAND AND OFFICIAL SEAL on the day and year last above written.

Notary Public in and for the State of Idaho residing at Wilder, Idaho

My Commission expires Feb. 21, 1944

NOV 10 1943

291-123-014-764

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rural

Registration District No. 3

File No. 13467

No. ____ St.

Primary Registration District No. 2005

Registered No. 125

Hospital no

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	May 23 — 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. J. Bray	FULL MAIDEN NAME	Rena Goddard
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (MW)

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed May 28 — 1913 John J. Meyer

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

759-233-014-645

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

Registration District No. 3 File No. 13468

Primary Registration District No. 2005 Registered No. 126

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	May 23 — 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. Geise	FULL MAIDEN NAME	Sophy Ode
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Mullen (MAW)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed May 26 1913 John D. Meyer

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 5 1967

731-226-014-849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

Registration District No. 3 File No. 13469

Primary Registration District No. 2005 Registered No. 127

FULL NAME OF CHILD Martha A. Platt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	May 26 191[illegible]

FATHER		MOTHER	
FULL NAME	G. K. Platt	FULL MAIDEN NAME	Mattie Hurt
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Mullen (M W)

(Physician or midwife)

Address Caldwell, Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 26 1913 John D. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-102-014-793

PLACE OF BIRTH

Form V. S. No. 11-C. Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai Near Star

City of Coeur d'Alene Registration District No. 3 File No. 13470

No. St. Primary Registration District No. 2005 Registered No. 128

Hospital no

FULL NAME OF CHILD GUY Hugh McCOWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and —	—	Yes	June 2 - 1913

	FATHER	MOTHER
FULL NAME	Hugh McCOWN	FULL MAIDEN NAME Jem Pickard
RESIDENCE	Coe Star	RESIDENCE Coeur d'Alene
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	MISSOURI	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mueller
(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 4 - 1913 John S. Meyer
Registrar

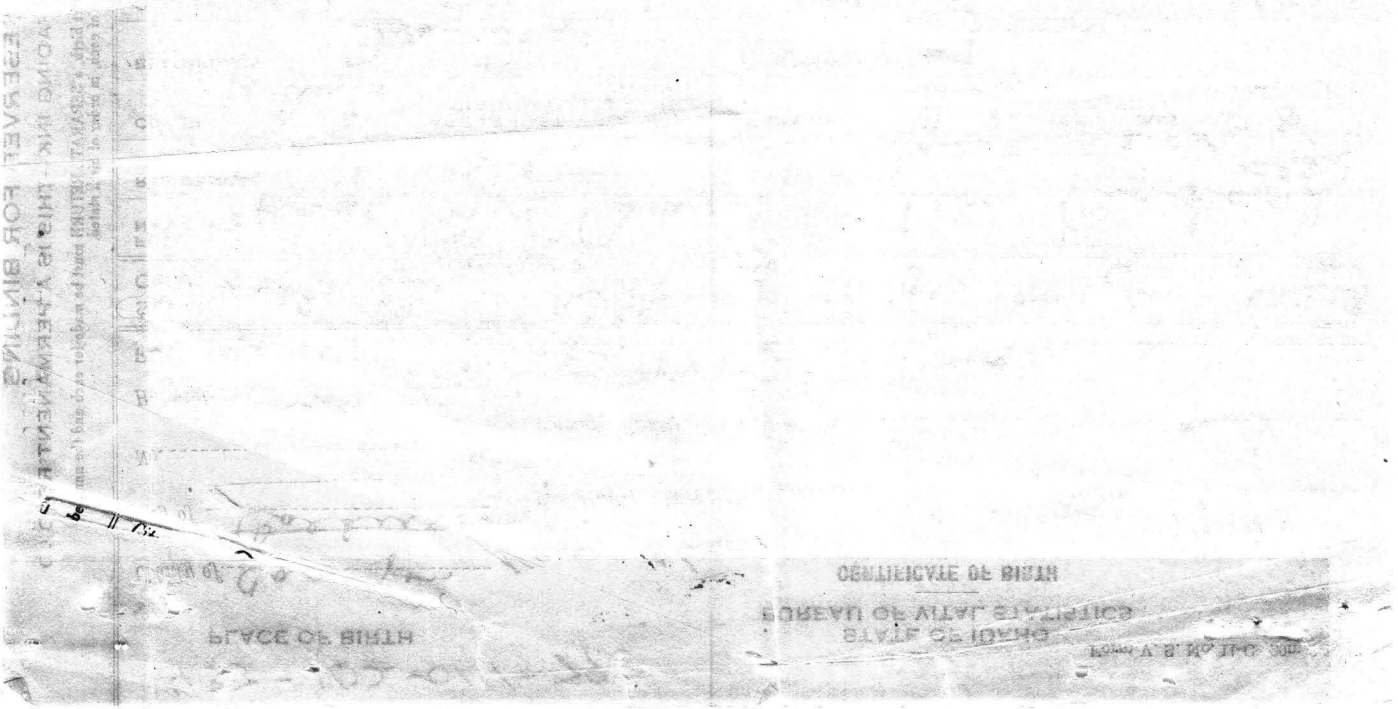
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

May 20, 1941 L. B.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF _____)
) SS.
COUNTY OF _____)

AFFIDAVITS FOR CORRECTION OF A RECORD

H. B. McCown of Star, Idaho

being first duly sworn, deposes and says that he is the Father
(if related, specify degree, if friend or otherwise, so state)

of Guy McCowen

who was born in the city of Near Star, County of Canyon
(was born, died)

on the 2nd day of June, 19 13, as stated in a certificate of birth
birth or death

filed by Dr. S. L. Miller
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Caldwell, County of Canyon, Idaho; on the 4th day of June 19 13.

That the following facts set forth in said certificate are not correctly stated therein, to wit: 1. Name -- Guy McCowen 2. Father's birthplace -- Iowa. 3. Father's Occupation -- Housewife

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

1. Name -- Guy Hugh McCown. 2. Father's birthplace -- Missouri Father's Occupation -- Farmer

(SEAL)

Affiant H B McCown

Address Eagle Ida

Subscribed and sworn to before me this 6th day of May 1941

My commission expires 7-17-44 Sibyl M. Caldwell
Notary Public

693-113-018-319

[redacted]

PLACE OF BIRTH

County of Nez Perce

City of Weippe

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 32 File No. 13471

Primary Registration District No. 2127 Registered No. 3-4

FULL NAME OF CHILD Lyle Thomas Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	3 / 13 / 3

FATHER		MOTHER	
FULL NAME	Harvey S. Wilson	FULL MAIDEN NAME	Jannette Carr
RESIDENCE	Weippe	RESIDENCE	Weippe
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	W. Va.
OCCUPATION	Farm	OCCUPATION	Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ P. M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address [illegible]

Filed 3-1-3 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19__

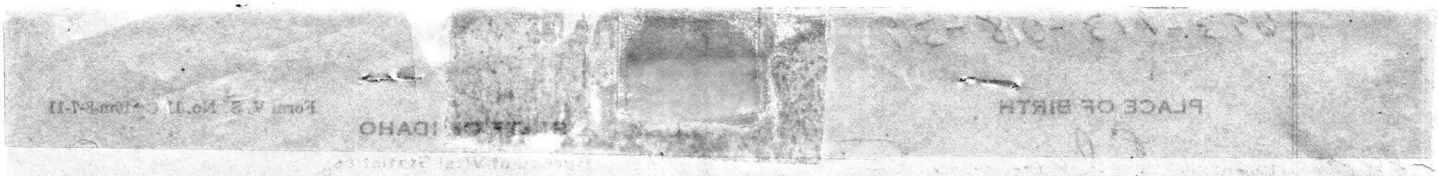
____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 21 4 04 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lem

Certificate No. 13471

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wilson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 13, 1913 (Date of Event)
in Weippe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lyle Thomas Wilson

Subscribed and sworn to before me this 21 day of Jan., 19 75

Notary Public, residing at Emmett Ida.
My commission expires 9-20-75
(Seal)

Signed Elsie L. Carr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

502 E 3rd Emmett Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Jan., 19 75

Notary Public, residing at Emmett Ida.
My commission expires 9-20-75
(Seal)

Signed Elsie L. Carr
(Signature of Any Credible Person)

502 E 3rd Emmett Ida.
(Street Address, City, State)

FORM DH 60-155 CL 10/8/74

school record gives name as Lyle Wilson. From School District No. 25, Clearwater County, Idaho. father's name given as Harvey Wilson and his age asx& 7yr. from school census dated 9-21-20. viewed by V. S.

Own duaghter's birth certif. on file in Idaho (423959) gives father's name as Lyle Thomas Wilson and the mother's name as Viola Maude Jacobson. child born Aug. 17, 1946. viewed by V. S.

795-101-018-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer

Registration District No. 32 File No. 13472

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 49

Hospital ____

FULL NAME OF CHILD Wilbur Willis Prewitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	3 1 192

FATHER		MOTHER	
FULL NAME	C. B. Prewitt	FULL MAIDEN NAME	Belle Swan
RESIDENCE	Greer	RESIDENCE	Greer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Jeffreys

(Physician or ~~Midwife~~)

Address Greer

Given names added from a supplemental report

....., 19....

Filed 5-12-1913 Edna B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

OCT 6 1969

265- 203-018-763

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Weippe

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13473

Primary Registration District No. 2127 Registered No. 50

FULL NAME OF CHILD Eugenia Ellen Bowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			y	2-3-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Bowers	Cora Dollo
RESIDENCE	Weippe	Dam
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	W. Virg.	W. Virg.
OCCUPATION	Fr.	Hse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Jeffreys

(Physician or ~~Midwife~~)

Address Weippe

Given names added from a supplemental* report

____, 19____

Filed 5-13-1913 Edith B. Rogers

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Dup of 1913-11838

315-115-031-267

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Russell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13474

Primary Registration District No. 2127 Registered No. 45

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	1 — 15 — 1913

FATHER	MOTHER
FULL NAME: C. L. Lawby	FULL MAIDEN NAME: Dora Bogues
RESIDENCE: Russell	RESIDENCE: Russell
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Wis	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Hse.

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 7 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~Midwife~~)

Address Rexford Montana

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-13-1913 Elton B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V.S. No. 11-C--10m 8-7-11

631-117-031-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B: In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nez Perce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13475

Primary Registration District No. 2127 Registered No. 46

FULL NAME OF CHILD Clarence Elwood Flatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	1 — 17 — 1913

FATHER		MOTHER	
FULL NAME	C. C. Flatt	FULL MAIDEN NAME	Anna Reese
RESIDENCE	Nez Perce	RESIDENCE	Nez Perce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11:40 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidente of life after birth.

(Signature) O. C. Jaffrey

(Physician or ~~Midwife~~)

Address Nez Perce

Given names added from a supplemental report

....., 19.....

Filed 5-13-1913 Edward B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 10 1942

658-126-031-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13476

Primary Registration District No. 2127 Registered No. 47

FULL NAME OF CHILD Raymond Leroy Weygandt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	1 26 1911

FATHER		MOTHER	
FULL NAME	Wm Weygandt	FULL MAIDEN NAME	Maud Mattoon
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Fr.	OCCUPATION	Hse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 12 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Frazer

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-13-1911 Edna B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 1 8 1965

367-229-031-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Green

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13479

Primary Registration District No. 2127 Registered No. 48

FULL NAME OF CHILD Etha Barbara Logg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 15 13

FATHER		MOTHER	
FULL NAME	Geo. E. Logg	FULL MAIDEN NAME	Edna Boyer Logg
RESIDENCE	Green	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Col.	BIRTHPLACE	Wash
OCCUPATION	Fr.	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Jeffreys

(Physician ~~or Midwife~~)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-13-1913 Elena B. Rogers Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

FEB 27 1942

364-124-031-755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13478

Primary Registration District No. 2127 Registered No. 51

FULL NAME OF CHILD Vernon Carl Lodwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	2 24 13

FATHER		MOTHER	
FULL NAME	E. J. Lodwick	FULL MAIDEN NAME	Hattie Gerhalter
RESIDENCE	Winchester	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 6 9 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Lodwick

(Physician ~~or Midwife~~)

Address Winchester

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-13-1913 Elliott B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 9 1965

791-111-031-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

*No*_____, _____ *St.*

Hospital _____

Registration District No. 32 **File No.** 13479

Primary Registration District No. 2127 **Registered No.** 5-2

FULL NAME OF CHILD Lawrence Wayne Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	3 - 17 - 193?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J. Gray	Annie Swope
RESIDENCE	Nezperce	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	47	31
BIRTHPLACE	Neb.	Neb
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth ..... 1 ..... Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

_____, 19_____

_____ *Registrar*

Filed 3-13-19 43 Elton B. Rogers *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

10-6-11

345 - 212-031-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13480

Primary Registration District No. 2127 Registered No. 53

FULL NAME OF CHILD Male Sophie

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Y	3 12 1913

FATHER		MOTHER	
FULL NAME	John P. Lundeby	FULL MAIDEN NAME	Alteny Powers
RESIDENCE	Nezperce	RESIDENCE	Dem
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Neb.
OCCUPATION	Far.	OCCUPATION	Hse

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Jeffreys

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed 6-13-1913 [illegible]

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

DEC 12 1958

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

358 - 214
031 - 766
Amended 3-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13481
Local Reg. No. 55
Reg. Dist. No. 32

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Dortha
b. (Middle): May
c. (Last): Lehr

4. SEX: F.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 3 - 14 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Philip
b. (Middle):
c. (Last): Lehr

8. AGE (At time of this birth): 41 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Germany
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Powers

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. A. Jeffreys
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Nezperce, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 5-13-1913
22. REGISTRAR'S SIGNATURE: Elton B. Rogers
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 3 1 1966
Bureau of Vital Statistics

State of Washington } ss.
County of Clark

Certificate No. 13481

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorris May Lehr (Name on Original Certificate) who born (Was Born or Died) on March 14, 1913 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on during 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorris May Lehr	Dortha May Lehr

Subscribed and sworn to before me this 17th day of January, 1966

Notary Public, residing at Vancouver
My commission expires Aug. 12, 1968
(Seal)

Signed Bertha A. (Lehr) Ecoff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2928 N.E. 2nd Ave., Camas, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January, 1966

Notary Public, residing at Vancouver
My commission expires Aug. 12, 1968
(Seal)

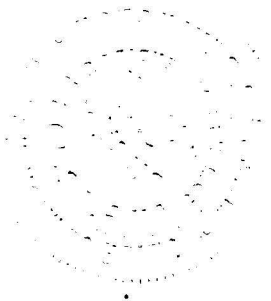
Signed Alma L. (Lehr) Brown
(Signature of Any Credible Person)

720 K St., Camas, Wash.
(Street Address, City, State)

FORM DPH 55.155 CL 12-3-58. nm

Statement from Richard Omans, Supt. of Schools, Nezperce, Idaho, statemtn written Jan. 17, 1966 states "We have on file in the Office of the Superintendent of Schools, Nezperce, Idaho a gegistration record for Dortha May Lehr, daughter of Phillip and Mary Lehr. Miss Lehr registered at Nezperce High Schbol on September 22, 1927 at age 14." viewed by V.S.

Family Record, appears old and unaltered gives one child's full name as Dortha May Lehr, born March 14, 1913 viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lem

City of Nezperce

*No*_____, _____ *St.*

Hospital _____

Registration District No. 32 **File No.** 13481

Primary Registration District No. 2127 **Registered No.** 3-3-

FULL NAME OF CHILD Dorris Mary Lehr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	3 14 13

FATHER		MOTHER	
FULL NAME	Philip Lehr	FULL MAIDEN NAME	Mary Powers
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ger.	BIRTHPLACE	Neb.
OCCUPATION	Fa	OCCUPATION	Hm

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 5-13-1913 Ellen B. Rogers *Registrar*

SYMS - YORK CO., PTRS. & BORS. 17326

MAR 1 1 1966

315-216-031-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 13482

Primary Registration District No. 2127 Registered No. 56

FULL NAME OF CHILD Veronica Mary Lawby

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)			y	3 16 1913

FATHER		MOTHER	
FULL NAME	Nicholas M Lawby	FULL MAIDEN NAME	Mary Schlautmann
RESIDENCE	Nezperce	RESIDENCE	Same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis.	BIRTHPLACE	Neb.
OCCUPATION	Bank Cashier	OCCUPATION	H

[Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10:30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 5-13-1913 Robert B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

796-121-031-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 33 File No. 13489

Primary Registration District No. 2127 Registered No. 37

FULL NAME OF CHILD Louis Henry Gross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	3 21 1913

FATHER		MOTHER	
FULL NAME	A. G. Gross	FULL MAIDEN NAME	Amelia Koenigs
RESIDENCE	Nezperce	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Wis.
OCCUPATION	Gr.	OCCUPATION	H

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Jeffreys

(Physician or Midwife)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 5-13-1913 Edward T. Rogers

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

OCT 28 1958

169-209-031-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin

City of Nampa

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 13484

Primary Registration District No. 2127 Registered No. 3-8

FULL NAME OF CHILD Elizabeth Lillian Jorgens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	4 9 [illegible]91

FATHER		MOTHER	
FULL NAME	Ivan N Jorgens	FULL MAIDEN NAME	Edith Johnson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), on the date above stated., at 5 20 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jeffreys

(Physician or Midwife)

Address Nampa

Given names added from a supplemental report

K ____, 19____

Filed Jan 13 1919 Elizabeth B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 7 1943

845-211-031-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13485

Primary Registration District No. 2127 Registered No. 39

FULL NAME OF CHILD Laura Martha Hufford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	4 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otis W. Hufford	Nina Hafer
RESIDENCE	Kamiah	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Ga.	Penn.
OCCUPATION	Clerk	Home

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jaffray

(Physician or ~~Midwife~~)

Address Kamiah

Given names added from a supplemental report

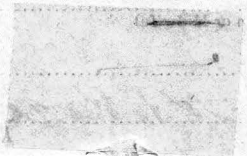
____, 19____

Filed 5-13-1913 Edward B. Rogers

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



795 - 115-031 - 238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13486

Primary Registration District No. 2127 Registered No. 60

FULL NAME OF CHILD Norvin Edsworth Greek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 15 1913

FATHER		MOTHER	
FULL NAME	Fred L. Greek	FULL MAIDEN NAME	Ira A. Schwartz
RESIDENCE	Nezperce	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Fr.	OCCUPATION	H

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 3 45 P M. on the date above stated.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Filed 5-13-1913 Ellen B. Rogers

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 12 1951

863-121-031-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Steele

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2135 2075

File No. 13487

Registered No. 61

FULL NAME OF CHILD DONALD CLIFFORD HOLMES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	4 — 21 — 1913

FATHER	MOTHER
FULL NAME Theodore A. Holmes	FULL MAIDEN NAME Araminta Warlick
RESIDENCE Steele	RESIDENCE Steele
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kan.	BIRTHPLACE Colo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

Filed 5-13-1913 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nezperce }

Certificate No. 13487

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Donald Clifford Holmes (Name on original certificate) who was born (Was born or died) on April 21, 1913 (Date of event)
in Steele Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Holmes	Donald Clifford Holmes

Subscribed and sworn to before me this 31
day of January, 1941

Daniel Lyle

Notary Public, residing at Peck, Ida.

My commission expires Dec 18, 1945

[SEAL]

Signed T. A. Holmes Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Peck Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

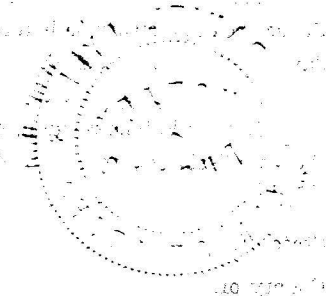
My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on JAN 3 1942 By
(Registrar's signature)



265-127-031-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of New Jerusalem

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13488

Primary Registration District No. 2127 Registered No. 62

FULL NAME OF CHILD Geo. LeRoy Koenigs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	4 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. H. Koenigs	Mary A. Fox
RESIDENCE	New Jerusalem	same
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Wis.	Ill.
OCCUPATION	Fr.	H

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or Midwife)

Address New Jerusalem

Given names added from a supplemental report

....., 19.....

Filed 5-13-1913 Edward B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

APR 8 1942

659-202-031-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin

City of Filo

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13489

Primary Registration District No. 2127 Registered No. 63

FULL NAME OF CHILD Anna Bird Werhan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 2, 1913

FATHER		MOTHER	
FULL NAME	Wm Francis Werhan	FULL MAIDEN NAME	Alta May Simmons
RESIDENCE	Forest Idaho	RESIDENCE	Forest Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Filo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-27-1913 Edlow B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

K

DECEASED JAN 23 1952

864-106-031-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 13490

Primary Registration District No. 2127 Registered No. 64

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 6 1913

FATHER		MOTHER	
FULL NAME	Jora Carl Yount	FULL MAIDEN NAME	Alice Bertie Reed
RESIDENCE	Flo. Idaho.	RESIDENCE	Flo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Bonners Ferry, Idaho.
OCCUPATION	Grain Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-27-1913 Eleanor B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN PRESERVED FOR BINDING

WHEN PLACED IN PERMANENT RECORD

593-206-031-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13491

Primary Registration District No. 2127 Registered No. 65-

FULL NAME OF CHILD Winona Nickerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	5 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Nickerson	Ella Hoffman
RESIDENCE	Kamiah	Lenore
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Penn.	N D.
OCCUPATION	Fr.	Hse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Grayson (Physician or ~~Midwife~~)

Address Kamiah

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-13-1913 Edna B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

OCT 6 1953

165-206-031-819

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Registration District No. 32 File No. 13492

Primary Registration District No. 2127 Registered No. 66

Hospital ____

FULL NAME OF CHILD Lepha Bernyece Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			y	5 6 3

FATHER		MOTHER	
FULL NAME	C. Clayton Jones	FULL MAIDEN NAME	Lola Harris
RESIDENCE	Nezperce	RESIDENCE	Lewis
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Iowa	BIRTHPLACE	Cal
OCCUPATION	Gr.	OCCUPATION	Hm

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 9:30 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jaffrays

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address Nezperce

____, 19____

Filed 5-13-1913 Edna B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

See enclosed Bird affidavit

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13492

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jones (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1913 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lepha Bernyece Jones

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Portland, Oregon Public School Record, record signed by Mrs. Helen Coffey, Department of Child Services, Secretary of Dept. states Lepha Bernyece Jones was enrolled in the Montavilla School, Portland, Oregon during 1921/22 school year. Birthdate-May 6, 1913 and Birthplace-Nezperce, Idaho. Information on school records given at that time by C. Clayton Jones, father and Lola B. Jones, mother - viewed by V.S.

Baptismal Record, Trinity, Episcopal, Church, Portland, Oregon, baptized April 23, 1951, gives full name as Lepha Bernyece Jones (Johnson, married name), born May 6, 1913 at Nezperce, Idaho, parents Charles Clayton Jones and Lola Harris Jones, husband Hilbert Stanley Johnson, clergyman L.E.Kempton - viewed by V.S.

194-107-031-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 32 File No. 13493

Primary Registration District No. 2127 Registered No. 67

FULL NAME OF CHILD Ivan William Armstrong

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	5 (Month) - 7 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Armstrong	FULL MAIDEN NAME	Lula Harris
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	California	BIRTHPLACE	Wash.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Elliott B. Rogers, Physician (Physician or midwife)

Address Winchester Idaho

Filed 5-7- 1913 Elliott B. Rogers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 5-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

962-113-031-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Ilo

No ....., ... St.

Hospital .....

Registration District No 32 File No. 13494

Primary Registration District No 2127 Registered No. 68

FULL NAME OF CHILD ~~[illegible]~~ LEROY ARNOLD ROBERTS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 - 13 1913

FATHER		MOTHER	
FULL NAME	Fred Earl Roberts	FULL MAIDEN NAME	Gizzie Steinhouse
RESIDENCE	Ilo . Idaho.	RESIDENCE	Ilo . Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth .... 2 .....

Number of children, of this mother, now living, including present birth .... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo . Idaho.

Given names added from a supplemental report

....., 19.....

Filed 6-3- 1913 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13494

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 5-13-1913 (Date of Event)
in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Children's birth certificates #239628 & 275861 prepared on 1-24-36 - 1-2-1939 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	LeRoy Arnold Roberts

Subscribed and sworn to before me this 24 day of May, 1939

Notary Public residing at .....
My commission expires .....
(Seal)

Signed Fred Earl Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May, 1939

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary E. Roberts
(Signature of Any Credible Person)

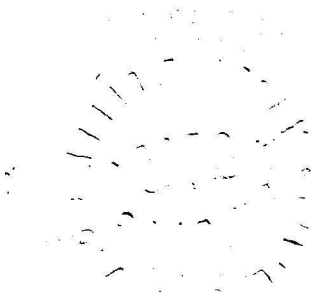
(Street Address, City, State)

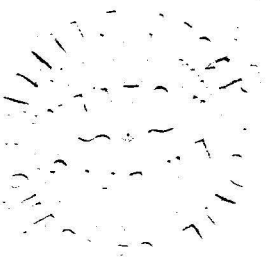
DPH 52.155

MAY 24 1955

MAY 25 1955

FEB 20 1975





168- 1[illegible]-031-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[illegible] 10-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 13495

No. ____ St. Primary Registration District No. 2127 Registered No. 69

Hospital ____

FULL NAME OF CHILD CARROLL JOHNSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 19 1913

FATHER	MOTHER
FULL NAME Frank R. Johnson	FULL MAIDEN NAME Edna Warren
RESIDENCE Canada	RESIDENCE Canada
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Del
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 5-19-1913 Elton B. Rogers Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 13495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 19th, 1913 (DATE OF EVENT)
in Winchester, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother's Affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on this day (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Carroll Johnson

Subscribed and sworn to before me this 21st
day of Dec., 1942

Fred D. Wooley
Notary Public, residing at Lewiston, Idaho
My commission expires 12-18-'46
(SEAL)

Signed Mrs. Edna Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1817-15th Ave. Lewiston Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 30 1942 By
(REGISTRAR'S SIGNATURE)

DEC 3 1 1942

816-120-031-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Vallmer

No. ..... St.

Registration District No. 32 File No. 13496

Primary Registration District No. 2127 Registered No. 70

Hospital .....

FULL NAME OF CHILD Kenneth Curtis Hawley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 20 1913

FATHER		MOTHER	
FULL NAME	Isaac Ernest Hawley	FULL MAIDEN NAME	May Christena Hartman
RESIDENCE	Vallmer, Ida.	RESIDENCE	Vallmer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cedar Co. Iowa	BIRTHPLACE	Guthrie Co. Iowa
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Curtis

Physician

(Physician ~~or midwife~~)

Address Vallmer, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-8-1913 Elmer B. Rozeal Registrar

S-Y CO. 20174

AUG 28 1942

OCT 19 1942

154 - 221031-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

Registration District No. 32 File No. 13497

Primary Registration District No. 2127 Registered No. 71

FULL NAME OF CHILD Not named

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1913

FATHER	MOTHER
FULL NAME: Grover Fredrick Andrews	FULL MAIDEN NAME: Flora Mae Smith
RESIDENCE: near Mohler, Ida.	RESIDENCE: near Mohler, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Stewart, Neb.	BIRTHPLACE: Clark Co. Iowa
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician (Physician or ~~midwife~~)

Address Vollmer, Ida.

Given names added from a supplemental report

..... 19.....

Filed 6-9- 1913 Elsie B. Rogers Registrar

..... Registrar

S-Y CO. 20174

JUN 1 0 1974

248-222-031-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 13498

No. ____ St.

Primary Registration District No. 2127 Registered No. 72

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5-22-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George W. Kuhl	Maud Lanker
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Wisc.	Mich.
OCCUPATION	Saw Mill Hand	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 5-22-1913 Ellen B. Rogers Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285 - 224-031-355

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13499

Primary Registration District No. 2127 Registered No. 73

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5-24 1913

FATHER		MOTHER	
FULL NAME	Martin J. Sheppard	FULL MAIDEN NAME	Regina Teel
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ore
OCCUPATION	Watchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:50 A.M. on the date above stated.

(Signature) Elsie B. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 5-26 1913 Elsie B. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-126-031-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 13500

Primary Registration District No. 2127 Registered No. 74

FULL NAME OF CHILD Marion Rowden

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 26 1913

FATHER		MOTHER	
FULL NAME	George Washington Rowden	FULL MAIDEN NAME	Laura Liffit Snider
RESIDENCE	Winchester, Ida.	RESIDENCE	Winchester, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Miller Co. Mo.	BIRTHPLACE	Hay Springs, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Brooke

Physician (Physician or ~~midwife~~)

Address Volmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 6-8-1913 Ellen B. Rogers

Registrar

.....

Registrar

S-Y CO. 20174

JAN 14 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Latah Idaho } ss.
County of Latah

RECEIVED BUREAU OF VITAL STATISTICS
APR 16 PM '76

Certificate No. 13500

Date Filed Apr 8 - 76

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rowden (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 26, 1913 (Date of Event)

in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Francis Marion Rowden

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of [redacted] Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 19 76

Notary Public, residing at Lewiston, Ida

My commission expires 7-1-76
(Seal)

Signed Irene E. Michalke
(Signature of Any Credible Person)

3323 Meadow Lark Dr
(Street Address, City, State)
Lewiston Idaho 83501

FORM DH 60-155 CL 1/14/76

JAN 2 7 1977

Diploma from ~~Rxxdax~~ Culdesac High school gives name as Marion Rowden dated May 18, 1933. viewd by V. S.

Marriage Licens and Certif. from Idaho gives name as Marion ~~Rx~~ Rowden and bride's name as Ellen Ring. dated Dec 12, 1936. viewd by V. S.

133-231-031-318

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nez Perce

Registration District No. 32 File No. 13501

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 73

Hospital ____

FULL NAME OF CHILD Blanche May Allenberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5 31 1913

	FATHER	MOTHER
FULL NAME	Steve Allenberry	FULL MAIDEN NAME Carrie Taylor
RESIDENCE	Nez Perce	RESIDENCE Nez Perce Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Lincoln, Neb.	BIRTHPLACE Normal Oklahoma
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Jones

Physician (Physician or Midwife)

Address Nez Perce, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-9- 1913 Ellen B. Rogers Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 3 File No. 13502

No. 821, 11th Ave. S. St.

Primary Registration District No. 1006 Registered No. 107

Hospital

FULL NAME OF CHILD Robert Carlton Van Buskirk

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Apr 25 1913

	FATHER	MOTHER
FULL NAME	Chester Leroy Van Buskirk	FULL MAIDEN NAME Gertrude Brown
RESIDENCE	Nampa, Ida	RESIDENCE Nampa, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Odell, Ill.	BIRTHPLACE Brown City, Mich.
OCCUPATION	Civil Engineer	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H P Ross

Physician
(Physician or Midwife)

Address Nampa, Ida

Filed May 23 1913 John S. Meyer
Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

791 - 225-014-393

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Cor 7th St & 13 ave So. St.

Hospital X

Registration District No. 3 File No. 13503

Primary Registration District No. 1006 Registered No. 108

FULL NAME OF CHILD Kathryn May Graybill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl	X	X	Yes	April 25 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Graybill	Kittie M. Tilford
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Virginia	Colorado
OCCUPATION	Hardware man	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mowery

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 23 19 13 John S. Myers
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

142 037-813

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Nelson

No. Country St.

Hospital +

Registration District No. 3 File No. 13504

Primary Registration District No. 2006 Registered No. 109

FULL NAME OF CHILD Mabel Blanche Austin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x	x	yes	April 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Austin	Victoria Hallberg
RESIDENCE	Nelson Idaho	Nelson Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Nevada	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 23 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 26 1942

PLACE OF BIRTH

of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

284-13 [redacted] -284

PLACE OF [redacted]

County of [redacted]

City of Nampa

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 13505

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 110

Hospital ____

FULL NAME OF CHILD Benjamin Franklin Shurts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	Apr 30 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George B Shurts	FULL MAIDEN NAME	Josephine Shurts
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

____, 19____

Filed May 23 1913 John L. Meyer

Registrar

S-Y CO., 16670

Registrar

BIRTH

RESERVED FOR FINGERPRINTS

814-110-014-213

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz Addn St.

Registration District No. 3 File No. 13506

Primary Registration District No. 2006 Registered No. 111

Hospital

FULL NAME OF CHILD Earl Morrison Hamilton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar M. Hamilton	Jessie Mae Galer
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Ross M.D.

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 23 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

3/5/41 L. B.

113-112-014-967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 324 13th Ave. S.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 13507

Primary Registration District No. 1006 Registered No. 112

FULL NAME OF CHILD George Carl Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	May 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George C. Jacobsen	Mary Ellen Rogers
RESIDENCE	Nampa	Nampa
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Pocatello Ida	Nampa, Ida
OCCUPATION	asst Postmaster	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Rose M.D.

Physician.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 23 1913 John S. Meyers
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

214-120-014-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 6th Ave & 7th St. 91 South

Registration District No. 3

File No. 13508

Primary Registration District No. 1006

Registered No. 113

Hospital X

FULL NAME OF CHILD D. Paul Kauffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x		x	yes	May 20 1913

FATHER

FULL NAME: David W Kauffman

RESIDENCE: Nampa Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Anna M Yoder

RESIDENCE: Nampa Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Address Nampa, Idaho.

Given names added from a supplemental report

.....19.....

Filed May 23 1913 John S. Reyes

.....Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

819-215-02

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Lolo

Registration District No. 10 File No. 13509

No. St.

Primary Registration District No. 2044 Registered No. 350

Hospital

FULL NAME OF CHILD Eliza Norma Hardesty

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	May 15 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Hardesty	FULL MAIDEN NAME	Minnie L Reynolds
RESIDENCE	Lolo	RESIDENCE	Lolo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Strellner

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

Filed June 1 1913

.....Registrar

Jose L. Rains Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1971

365-109-025-995

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Lolo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13510

Primary Registration District No. 2044 Registered No. 314

FULL NAME OF CHILD Earl Grant Long

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 9 1913

FATHER

FULL NAME: Ted L Long

RESIDENCE: Lolo

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Ireland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Riebold

RESIDENCE: Lolo

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or midwife)

Address Grangeville, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 1913 Jesse L. Rains Registrar

S-Y CO. 20174

DEC 4 1974

213-114-025-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 13511

No. ____ St. — Primary Registration District No. 2044 — Registered No. 315

Hospital ____

FULL NAME OF CHILD Wallace William Bales

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 14 1913

FATHER		MOTHER	
FULL NAME	Thos W Bales	FULL MAIDEN NAME	Mary E Maxey
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Stockton

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 1913 — Rose L. Rains, Registrar

S-Y CO. 20174

.....
Registrar

10-28-41

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 6 1967

County of Ada

318-114-025-456

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 13512

No. ____ St.

Primary Registration District No. 2044 Registered No. 316

Hospital ____

FULL NAME OF CHILD Alvah Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Thos L. Taylor	FULL MAIDEN NAME	Effie M Dewees
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Stockton

(Physician or [redacted])

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 1913 Rose L. Raines
Registrar

.....
Registrar

5-Y CO. 20174

JAN 1 0 1975

255-108-025-396

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

~~City of~~ Salmon River

No. precinct, St.

Hospital

Registration District No. 10 File No. 13513

Primary Registration District No. 2041 Registered No. 317

FULL NAME OF CHILD Frederick Orren Bentley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Bentley	Pearl Troch
RESIDENCE	Salmon River	Salmon River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Kansas	Oregon
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Orren Bentley

[redacted] midwife)

Address Granville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1 1913 Jesse L. Rains Registrar

..... Registrar

S-Y CO. 20174

JUN 12 1953

255-220-025-713

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Zolo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13514

Primary Registration District No. 2044 Registered No. 918

FULL NAME OF CHILD Yuma Helen Bentley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 20 1913

FATHER	MOTHER
FULL NAME Ernest O Bentley	FULL MAIDEN NAME Ennice L Palmer
RESIDENCE Zolo Idaho	RESIDENCE Zolo Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Strattan

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1 19 13

..... Registrar

S-Y CO. 20174

Rose L. Rains Registrar

JUN 18 1942

433-105-025-386

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13515

Registration District No. 10

Primary Registration District No. 2044

Registered No. 319

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

FULL NAME OF CHILD Wallace Erwin McLean

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E McLean	FULL MAIDEN NAME	Ethel Thompson
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or [redacted])

Address Grangeville Idaho

Filed June 1 19 13

Jane L. Rains Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wallace Erwin McLean (Name on original certificate) who was born (Was born or died) on May 15 1923 (Date of event)
in a room Harpster, Idaho (Place of event) his name was omitted & the name of the child was given as
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date) are:

Name is Wallace Erwin McLean

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Grant: Affiant knows this person since birth & knows his parents,		
& is the attending Physician, M.D. & C.S. Rankin who		
was present at Confluence Ranch & he Wallace Erwin McLean		

Subscribed and sworn to before me this 30th
day of April, 1941

W. B. Foy
Notary Public, residing at Boise, Ida.
My commission expires 7/14/1941
[SEAL]

Signed W. Reese Hazlebaker Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Rm. 512 Idaho Bldg
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

APR 14 1943

796-105-025-575

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 13516

No. ____ St.

Primary Registration District No. 2044 Registered No. 320

Hospital ____

FULL NAME OF CHILD Raymond Francis Groom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M Groom	Irene Van Horn
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 1913 Jesse L. Raines
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-201-025-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13517

Primary Registration District No. 2074 Registered No. 321

FULL NAME OF CHILD Esther alice Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W Williams	Olive A Parks
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Arkansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Stricklen

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 1913. Rose L Rains Registrar

S-Y CO. 20174

NOV 6 1942

695-207-025-452

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 13518

No. ____ St.

Primary Registration District No. 2044 Registered No. 322

Hospital ____

FULL NAME OF CHILD SUE ~~XXXXX~~ Ellen Wieder

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas C Wieder	Elva R McBroom
RESIDENCE	Grangeville	Grangeville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	42
BIRTHPLACE	Illinois	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1, 1913 Jesse L. Rains
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1944

395 - 114025 - 793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ____ St.

Registration District No. ~~2107~~ 10 File No. 13519

Primary Registration District No. ~~2043~~ 2101 Registered No. ~~13~~ 323

Hospital ____

FULL NAME OF CHILD George Gilbert Tinker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George S Tinker	FULL MAIDEN NAME	Addie Gilbert
RESIDENCE	Stites - Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	England	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert Reeves

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

....., 19.....

Filed May 31, 1913 J M Herbert Reeves

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1971

846-23-025-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. ~~2101~~ 10 File No. 13520

Primary Registration District No. ~~2101~~ 2101 Registered No. 324

FULL NAME OF CHILD Verna Constance Huffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Fred Huffman	FULL MAIDEN NAME	Constance Brown
RESIDENCE	Stites - Idaho	RESIDENCE	Stites - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert Knows

(Physician ~~or midwife~~)

Address Stites Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913 J. M. Herbert Knows Registrar

8-Y CO. 20174

DUP OF 1913-321874

314 - 206 - 025 - 638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2101~~ 10 File No. 13521

Primary Registration District No. 2101 Registered No. ~~11~~ 325

FULL NAME OF CHILD Addie Myrtle Lamb

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Lamb	Florence Flynn
RESIDENCE	Stites - Idaho	Stites Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck Cmsr

(Physician ~~or midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913 J. M. Verbeck Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Idaho

City of —

No. —, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13522

Primary Registration District No. 7044 Registered No. 326

FULL NAME OF CHILD Thomas Henry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas H. Lambe	Maud Susan Wise
RESIDENCE	Idaho County	Idaho County
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	45	26
BIRTHPLACE	West Virginia	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Shuman

(Physician or Midwife)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 4, 19 13 Rose L. Rains

Registrar

S-Y CO., 16670

Dep of 1913 374513
name change

849-223-025-469

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of —

No. ____, ____ St.

Hospital ____

Registration District No. 10

File No. 13523

Primary Registration District No. 2044

Registered No. 327

FULL NAME OF CHILD Marion Hurley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fay Hurley	Flossie Morris
RESIDENCE	Idaho County	Idaho County
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Arkansas	Kansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2304 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Slusser M.D.

(Physician or Midwife)

Address Grangeville Ida.

Given names added from a supplemental report

....., 19.....

Filed June 4 19 13 Jesse E. Rains

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1947

235-128-025-284

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ____ St.

Hospital ____

Registration District No. ~~3707~~ 10 File No. 13524

Primary Registration District No. 1101 Registered No. ~~17~~ 328

FULL NAME OF CHILD Wilbourn Aldon Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 28 1913

FATHER		MOTHER	
FULL NAME	Frank Stever	FULL MAIDEN NAME	Eva Bedwell
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8 22 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Herbert Graves

(Physician ~~or midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

....., 19.....

Filed May 31 1913 J M Herbert Graves
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-226-025-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2404~~ 10 File No. 13525

Primary Registration District No. 2043 Registered No. ~~16~~ 329

FULL NAME OF CHILD Alice Myra Clarke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes	May 26 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Asa Clarke	FULL MAIDEN NAME	Mabel Farris
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Clearwater Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 4 1913 Rose L. Ramis Registrar

8-Y CO. 20174

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OCT 21 1971

559-117-025-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. ~~3701~~ 10 File No. 13526

Primary Registration District No. 2043 Registered No. ~~72~~ 330

FULL NAME OF CHILD John Gates Verbeknoes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Verbeknoes	Elva Gates
RESIDENCE	Kooskia Idaho	Kooskia Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	38
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Wohlenberg

(Physician ~~or midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed May 21 1913 J.M. Verbeknoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-216-025-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registration District No. ~~210~~ 10 File No. 13527

Primary Registration District No. 2043 Registered No. ~~##~~ 331

FULL NAME OF CHILD Beatrice Ermie Bullock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Summer Bullock	FULL MAIDEN NAME	Gladys French
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lincolnville Maine	BIRTHPLACE	Lincolnville Maine
OCCUPATION	Shingle Manufacturer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

(Signature) J. M. Herbert Knoes

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Filed May 31 1913 J. M. Herbert Knoes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1974

765-112-025-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~Joyce~~ 10 File No. 13528

Primary Registration District No. 2042 to Registered No. 332

FULL NAME OF CHILD Bernard Henry Goeckner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 12, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Barney Goeckner	FULL MAIDEN NAME	Mary Althoff
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician
(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Filed May 20 1913 19..... Jesse E. Ramo Registrar
Jos Blake Sub Reg.

8-Y CO. 20174

9-2-41

766 - 119-025-616

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~7047~~ 10 File No. 13529

Primary Registration District No. ~~10~~ 1042 Registered No. 333

FULL NAME OF CHILD Lawrence Edwin Goodman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 19, 1913

FATHER

FULL NAME Walter Goodman

RESIDENCE Cottonwood, Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE N. Carolina

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bessie Farr

RESIDENCE Cottonwood, Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Nor. Carolina

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner, Cottonwood, Idaho

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1st 1913 Jesse E. Ramsey Registrar

per Burke Sub Reg

8-Y CO. 20174

MAR 4 1975

513-105-025-513

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. ~~2042~~ 10 File No. 13530

No. ____, ____ St.

Primary Registration District No. ~~10~~ 2042 Registered No. 334

Hospital ____

FULL NAME OF CHILD Prematurely born infant of Minnie Hacke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	~	Yes	May 5, 1913

FATHER		MOTHER	
FULL NAME	Dont Know	FULL MAIDEN NAME	Minnie Hacke
RESIDENCE	~	RESIDENCE	Cottonwood Ida
COLOR	~	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	~	BIRTHPLACE	Illinois
OCCUPATION	~	OCCUPATION	Servant Girl

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M. D.

(Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 Joyce E. Ramo Registrar

....., Registrar

per Blake Stubbs

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

699 - 211-025-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-19-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~Boise~~ 10 File No. 13531

Primary Registration District No. ~~10~~ 2042 Registered No. 335

FULL NAME OF CHILD Florence Gerelda Wright

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 11, 1913

FATHER		MOTHER	
FULL NAME	James A. Wright	FULL MAIDEN NAME	Grace Mildred Bruner
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20, 1913 Jesse E. Ramm

Registrar

Joe Burke

Registrar

S-Y CO. 20174

Form V. S. No. II-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Hospital

FULL NAME

Sex of Child

FULL NAME

214-025-392

[redacted] OF BIRTH

[redacted] STATE OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] daho

City of Cottonwood

Registration District No. ~~2045~~ 10 File No. 13532

No. ____ St.

Primary Registration District No. ~~10~~ 2042 Registered No. 336

Hospital Home

FULL NAME OF CHILD Nelda Irene Deardorff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	May (Month) 14 (Day) 1905 (Year)

FATHER	MOTHER
FULL NAME George Flemming Deardorff	FULL MAIDEN NAME Nellie Grace Libby
RESIDENCE Cottonwood	RESIDENCE Cottonwood
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Prairie City, Ore.	BIRTHPLACE Ellsworth, Kan.
OCCUPATION laborer	OCCUPATION housewife

Number of child of this mother, including present birth 4th.

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Dow

(Physician ~~or midwife~~)

Address Cottonwood Ida.

Given names added from a supplemental report

....19....

Filed May 20 19 13 Jean E. Ramo Registrar

....Registrar

per Blanche Sibley

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1943

794-414-025-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 13533

Primary Registration District No. ~~2042~~ 2042 Registered No. 337

FULL NAME OF CHILD Aloysius Henry Grunloh

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 14 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Bernard Grunloh	Katherine Unkrant
RESIDENCE	Cottonwood	Cottonwood
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	25
BIRTHPLACE	Sigel, Ill.	Sigel, Ill.
OCCUPATION	laborer	housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician ~~or midwife~~)

Address Cottonwood Ida

Given names added from a supplemental report

..... 19.....

Filed May 20 1913 Jesse E. Ramus Registrar

..... Registrar

per Bertha Stubbs

S-Y CO. 20174

OCT 15 1970

867-209-025-814

PLACE OF BIRTH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Form V. S. No. 10—(Revised)

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. ~~1071~~ 10 File No. 13534

No. ..... St.

Primary Registration District No. ~~70~~ 2042 Registered No. 338

Hospital .....

FULL NAME OF CHILD Grace Audrey Hogue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 9th, 1913

FATHER		MOTHER	
FULL NAME	John M. Hogue	FULL MAIDEN NAME	Veronica A. Hauses
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician ~~or midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 1st 1913 Jesse E. Ramo Registrar

..... Registrar

per Burke Sec'y

7. 20174

MARGIN RESERVED FOR BINDING

E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1942

295-224-025-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13535

Primary Registration District No. 7042 Registered No. 339

FULL NAME OF CHILD Beatrice Sink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 24 1913

FATHER		MOTHER	
FULL NAME	Charley Redmond Sink	FULL MAIDEN NAME	May Rose Davidson
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner, Physician (Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1st 1913 Jesse E. Rains Registrar

per Blanche Sabris

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C -Rev. 2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15535

OCT 19 1942

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESERVED FOR PENDING
MACHINE RECORDS
DEPARTMENT USE ONLY

254-226-025-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 10 File No. 13536

Primary Registration District No. 2042 Registered No. 340

FULL NAME OF CHILD Helen Christina Seubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	April 26th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August M. Seubert	FULL MAIDEN NAME	Lizzie B. Nuzoll
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1st 1913 Jesse E. Ramus Registrar

per Blank Sub Reg

S-Y CO. 20174

MAY 4 1966

699 - 215 - 025 - 759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~Idaho~~ 10 File No. 13537

Primary Registration District No. ~~10~~ 2042 Registered No. 341

FULL NAME OF CHILD Hermine Amalia Wirrer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 15, 1913

FATHER

FULL NAME: Michael Wirrer
RESIDENCE: Cottonwood
COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Germany
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Frances Geiss
RESIDENCE: Cottonwood
COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Germany
OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner
Physician
(Physician or midwife)
Address Cottonwood, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 20 1913

Jno. E. Rams
Registrar
per Dede Sub Regr

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1975

863-114-025-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No ~~Lapwai~~ 10 File No. 13538

Primary Registration District No. ~~10~~ 2042 Registered No. 342

FULL NAME OF CHILD Oliver Holderbe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 14 1913

FATHER

FULL NAME Orville Holderbe

RESIDENCE Westlake

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ohio

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eupha Miller

RESIDENCE Westlake

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kansas

OCCUPATION Housekeeping

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 5 14 1913 at one 15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs May Eastman

Midwife (Physician or Midwife)

Address Westlake, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20 1913 Jno. E. Rains Registrar

per Blue Sheet

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Incorrect statement of child at birth, a CRIMINAL OFFENSE, must be made for each and this number

669-228-025-132

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~[illegible]~~ 18 File No. 13589

Primary Registration District No. 2042 Registered No. 343

FULL NAME OF CHILD Anna Mary Angela Forsmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 28 1913

FATHER		MOTHER	
FULL NAME	Frank Forsmann	FULL MAIDEN NAME	Kate Josephine Albers
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 30 1913 Jesse E Rains Registrar

per Mrs. Sebbes

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1975

693-221-025-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Whitebird

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 13540

Primary Registration District No. 2041 Registered No. 344

FULL NAME OF CHILD Baba Emaline Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1	yes	April 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Wilson	FULL MAIDEN NAME	Angie Mable Wilson
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Foskett

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 6 1913 Jesse L. Rains

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 1 4 1975

693-221-025-193

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ida

City of Whitebird

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 13541

Primary Registration District No. 2041 Registered No. 345

FULL NAME OF CHILD Viola Melva Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	Twin and	2	yes	Apr 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Wilson	FULL MAIDEN NAME	Agnes Mable Jillson
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Forkett

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed June 6 1913 Jesse L Rains

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

JAN 1 4 1975

DECEASED

753-224-025-814

PLACE OF BIRTH

County of Idaho

City of Whitebird

No ____, ____ St.

Hospital ____

FULL NAME OF CHILD Edward Wilson Peters

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 13542

Primary Registration District No. 2041 Registered No. 346

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	yes	May 24 1913

FATHER		MOTHER	
FULL NAME	Henry Peters	FULL MAIDEN NAME	Bertha Belle Hamilton
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) W A Forkett

Physician (Physician or Midwife)

Address .....

Filed June 6 1913 Jesse L. Rains Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1973

436-226-025-236

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 13543

Primary Registration District No. 1001 Registered No. 347

FULL NAME OF CHILD Mary Ellen McFall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 26 1913

FATHER		MOTHER	
FULL NAME	John W McFall	FULL MAIDEN NAME	Sadie alice Stocklin
RESIDENCE	Shoshone Id	RESIDENCE	Shoshone Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Shearer

(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed June 9 19 13 Jesse L. Rains Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

JAN 15 1956

122-125-025-952

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

Registration District No. 10 File No. 13544

Primary Registration District No. 2044 Registered No. 348

FULL NAME OF CHILD Chester Nels Askar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 25 1913

FATHER		MOTHER	
FULL NAME	Oscar Askar	FULL MAIDEN NAME	Jennie B Rekoahl
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12-30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 9 1913 Rose L. Cairns

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-215-025-958

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Jolo

No. ..... St.

Hospital .....

Registration District No. 10 File No. 13545

Primary Registration District No. 2044 Registered No. 349

FULL NAME OF CHILD Anna Mattie Hardesty

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twins (To be answered only in event of plural births)	1	yes	May 15 1913

FATHER		MOTHER	
FULL NAME	Wm H Hardesty	FULL MAIDEN NAME	Minnie L Reynolds
RESIDENCE	Jolo	RESIDENCE	Jolo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11-10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G O Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 1913 Jesse L. Rawls Registrar

S-Y CO. 20174

AUG 5 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 7

File No. 13546

No. ____ St.

Primary Registration District No. 2027

Registered No. ____

Hospital ____

FULL NAME OF CHILD Arthur Loren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Loren	FULL MAIDEN NAME	Mary Hess
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Cummard

(Physician or midwife)

Address Pocatello Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10 1913 W. Cummard Registrar

S-Y CO. 20174

[redacted]

Dept of 1913 - 332400

20-121-010-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. H-C—Rev-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 13547

Primary Registration District No. 227

Registered No. 34

FULL NAME OF CHILD Kindee Foster Bateman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	April 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Bateman	Amy Farnham
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

John O'Neil M.D.
(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed May 12 1913 W. [illegible]
Registrar

.....
Registrar

S-Y CO., 16670

JUN 22 1967

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13548

County of Bonneville

City of Idaho Falls

Registration District No. 1

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 94

Hospital ____

FULL NAME OF CHILD ALFRED GWYNNE TOMITA

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	____	____	Yes.	May, 6, 1913.

FATHER	MOTHER
FULL NAME: Lon. Tomita,	FULL MAIDEN NAME: Bessie Gray,
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: Brown. AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Japan.	BIRTHPLACE: Kansas.
OCCUPATION: Farmer.	OCCUPATION: Wife.

Number of child of this mother, including present birth: One.

Number of children, of this mother, now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), May, 6th, 1913, at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Broyer M.D.

Idaho Falls, Idaho.
(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____
Registrar

Filed May 12 1913 ____
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

NOV 1 1941

Certificate No. 13548

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alfred Gwynne Tomita (Name on original certificate) who was born (Was born or died) on May 6, 1912 (Date of event)
in Idaho Falls, Idaho (Place of event) at Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record of birth (Bible record, insurance policy, etc.) prepared on do not know (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Alfred Gwynne Tomita

Subscribed and sworn to before me this Third
day of November, 1941

E. V. Smith

Notary Public, residing at Buhl

My commission expires March 15, 1945

[SEAL]

Signed Bessie Eula Gray Tomita
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Castleford, Idaho R.F.D. 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

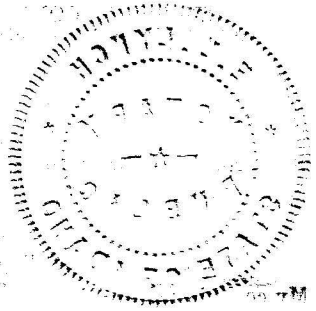
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

1-5-41

[redacted]

FEB 12 1957



110-210-419

Form V. S. No. 11-C—

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13549

County of Bonneville

City of Payne

No. ____, ____ St.

Registration District No. 7

File No. ____

Primary Registration District No. 222

Registered No. 110

Hospital ____

FULL NAME OF CHILD Frank Bonnie O'Grady

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	____	____	Yes.	May 10, 1913.

FATHER	MOTHER
FULL NAME Frank O'Grady,	FULL MAIDEN NAME Jannie Mariano
RESIDENCE Payme, Idaho.	RESIDENCE Payne, Idaho.
COLOR Wht. AGE AT LAST BIRTHDAY 39 (Years)	COLOR Wht. AGE AT LAST BIRTHDAY 30. (Years)
BIRTHPLACE Italy.	BIRTHPLACE Wisconsin.
OCCUPATION R.R.Section Foreman.	OCCUPATION Wife.

Number of child of this mother, including present birth 8.

Number of children, of this mother, now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, May, 11th, 1913, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Bridges, M.d

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

____, 19____

Filed May 14 1913

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF ~~IDAHO~~ CALIFORNIA }
COUNTY OF Los Angeles } ss.

AFFIDAVITS FOR CORRECTION OF A RECORD

FRANK Grady ~~Y~~ of LOS ANGELES CALIFORNIA,

being first duly sworn, deposes and says that he is, (If related, specify degree, if friend or otherwise, so state) Father of Frank B. O'Grady who was born May 11th 1913 in the city was born or died

of Idaho Falls, County of Bonoville, on the 11 day of May, 19 13

as stated in a certificate of birth filed by Dr. Bridge
birth or death name of physician or midwife or under

~~THEOF FOR DEATH~~ with the Local Registrar for the city of Idaho Falls, County of

Bonoville, Idaho, on the 14th day of May, 19 13.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Frank Grady

11th day of May 1913

That affiant upon his own knowledge states the true facts to be, and the changes
his, her

necessary to make the record correct are, as follows: Frank B. O'Grady

10th day of May 1913

(Seal)

Affiant Frank Grady

Address 208 N. Rowan

Subscribed and sworn to before me this 12th day of January 1939.

Notary Public

STATE OF ~~IDAHO~~ California }
COUNTY OF Los Angeles } ss.

Colombo Grady of Los Angeles California

being first duly sworn, deposes and says that s he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant

Address 208 N. Rowan Av. Los Angeles, Cal.

Subscribed and sworn to before me this 12th day of May, 19 39.

Notary Public

(Seal)

154-128-010-796

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Poplar

Registration District No. 7

File No. 13550

No. ____, ____ St.

Primary Registration District No. 229

Registered No. 101

Hospital ____

FULL NAME OF CHILD Andrew Alma Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				April 28, 1913

FATHER	MOTHER
FULL NAME Andrew Alma Anderson	FULL MAIDEN NAME Vina May Probart
RESIDENCE Poplar	RESIDENCE Poplar
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pleasant Grove Utah	BIRTHPLACE Springville Utah
OCCUPATION Rancher	OCCUPATION Home Maker

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Miller, MD

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19....

Filed May 14, 1913

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAH

Bureau of Vital Statistics

CERTIFICATE OF

PLACE OF BIRTH

County of

City of

Twin,
Triplet,
or other?
(To be

FATHE

AG

CERTI

457 - 224-010-133

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Jan. 6-26

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 7 File No. 13551

No. ....., ... St.

Primary Registration District No. 227 Registered No. 102

Hospital .....

FULL NAME OF CHILD Martha Ida Meppen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	4 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. L. Meppen	Delia Altmann
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Dunlap, Iowa	Council Bluffs, Ia.
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phil. O. Miller, MD

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed ....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

291-111-010-314

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 13552

No. ....., ... St.

Primary Registration District No. 027 Registered No. 103

Hospital .....

FULL NAME OF CHILD Edwin Leo Bray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 11, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bray	Dora Caudle
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mullen MD

(Physician or Midwife)

Address Idaho Falls

Given names added from a supplemental report

....., 19.....

Filed May 15 1913 C. L. [illegible] Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

815-205-010-434

PLACE OF BIRTH

OF IDAHO

Vital Statistics

TE OF BIRTH

Form V. S. No. 11-C—15m.

File No. 13553

County of Bonneville

City of Dona

Registration District No.

No. ....., ... St.

Primary Registration District No. 2027 Registered No. 104

Hospital .....

FULL NAME OF CHILD Marion Hanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris. Hanson	Mary McMullen
RESIDENCE	Dona	Dona
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellon M.D.
(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

....., 19.....

Filed May 15 1913

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 4 1967

235 - 206-010-294

PLACE OF BIRTH

County of Bonneville

City of Iona

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 7

File No. 1355

Primary Registration District No. 2027

Registered No. 105

FULL NAME OF CHILD Fedo Steele

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 6, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Will Steele	Violet Brunt
RESIDENCE	Iona	Iona
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellon MD

(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 15 1913 W Hummel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 15 1942

AUG 14 1991

847-227-010-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7 **File No.** 13556

Primary Registration District No. 2027 **Registered No.** 107

FULL NAME OF CHILD Monyalton Hughes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr 29 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Richard Hughes	Maude May Johnson
RESIDENCE	Idaho Falls, Ida	Idaho Falls
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Wales	Illinois
OCCUPATION	Pharmacist	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 19 1913 .....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 1968

498-126-010-559

PLACE OF BIRTH

[redacted] No. 11-C—20m-2-15-12

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 7 File No. 13557

No. St.

Primary Registration District No. 2027 Registered No. 104

Hospital

FULL NAME OF CHILD William Dryer.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	April (Month) 26 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Chas. Dryer	FULL MAIDEN NAME: Rosella Neilson
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Danmark	BIRTHPLACE: Ephriam Utah.
OCCUPATION: Salesman	OCCUPATION: Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 26 1913 (Born alive or stillborn), at 8/45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

.....19.....

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Registrar

Filed May 17 19 13 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

236 - 129 - 010 - 294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13560

Primary Registration District No. 129 Registered No. 111

FULL NAME OF CHILD Don Arril Stoner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Apr 29 (Month) (Day) 11 a.m. 1913 (Year)

FATHER	MOTHER
FULL NAME: Irvan Stoner	FULL MAIDEN NAME: Martha Ann Simmons
RESIDENCE: Milo Idaho	RESIDENCE: Milo Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Simmons

midwife
(Physician or midwife)

Address Ucon Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 23 1913 W. Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1913 - 315417

996 - 213 - 010 - 295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. Placia Ave. St.

Registration District No. 7 File No. 13561

Primary Registration District No. 2027 Registered No. 112

Hospital

FULL NAME OF CHILD Dorothy Bishop Rifenbark

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	J— 13 1913

FATHER		MOTHER	
FULL NAME	Mark Rifenbark	FULL MAIDEN NAME	Florence King
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Ellis

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed May 23 1913 [illegible]

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1958

389-117-010-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13562

Primary Registration District No. 2027 Registered No. 113

FULL NAME OF CHILD Don Whitehead Christensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alford Christensen	Hannah Mary Whitehead
RESIDENCE	Idaho Falls, Ida	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Denmark	England
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Chris

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 23 1913 W. Hannah Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391 - 205-010-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ebra (Ucon)

No. ✓ St.

Hospital ✓

Registration District No. 7

Primary Registration District No. 2029

File No. 13563

Registered No. 114

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	5 5 1913

FATHER

FULL NAME Theo Travnes

RESIDENCE Ebra Idaho

COLOR W Lte

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Denmark

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Emma Hansen

RESIDENCE Ebra - Idaho

COLOR W

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J McComb M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 26 19 13 [illegible]
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-224-010-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ✓ St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13564

Primary Registration District No. 2127 Registered No. 115

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	1	NO	5 24 1913

FATHER	MOTHER
FULL NAME Oscar [illegible]on	FULL MAIDEN NAME Pearl Leonard
RESIDENCE Okley Idaho	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE ?	BIRTHPLACE Utah
OCCUPATION ?	OCCUPATION ?

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 24 1913 [signature] Registrar

S-Y CO. 20174

289-119-010-597

PLACE OF BIRTH

County of Bareville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13565

Primary Registration District No. 2027 Registered No. 116

FULL NAME OF CHILD Floyd Orson Wifley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	May 19 1913

	FATHER	MOTHER
FULL NAME	Orson A. Wifley	
FULL MAIDEN NAME		Emma E. Nixon
RESIDENCE	Idaho Falls	
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Preston Idaho	Idaho Falls
OCCUPATION	Farmer Laborer	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 19, at 2 5 & 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah V Rawlerig

Austerlein
(Physician or midwife)

Address Iona Bareville Co, Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed May 21 1913 C. C. Hamond
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693 - 209 - 010 - 764

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Dead Dy Farm Registration District No. 7 File No. 13566

No. ____ St. Primary Registration District No. 2027 Registered No. 117

Hospital ____

FULL NAME OF CHILD Iris Velma Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	May 9 1913

FATHER		MOTHER	
FULL NAME	John E. Williams	FULL MAIDEN NAME	Nora E Godfrey
RESIDENCE	Dead Dy Farm,	RESIDENCE	Dead Dy Farm
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Starvalley - Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 9 (Born alive or stillborn), at 3:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rumberger

Obstetrician (Physician or midwife)

Given names added from a supplemental report

....., 19....

Address Dead Boneville Co, Idaho

Filed May 21 1913

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1956
APR 25 1973

569-28-010-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 13567

Primary Registration District No. 2027 Registered No. 11

FULL NAME OF CHILD Irma Lillian Norton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		Yes	May 18, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Norton	FULL MAIDEN NAME	Lily Philips
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) John O. Miller, M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Filed May 20 1913 [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 19 1972

967-102-010-285

PLACE OF BIRTH

County of Bannock

City of Milo

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C ~~20m-8-15-12~~

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13568

Primary Registration District No. 2029 Registered No. 119

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 2 1913

FATHER		MOTHER	
FULL NAME	Leslie Roper.	FULL MAIDEN NAME	Etta Sherriff
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	South Carolina
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician ~~or midwife~~)

Address Rigby, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 10 1913 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Date of Birth
NAME	FATHER		MOTHER
RESIDENCE			
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			
OCCUPATION			

815-218-010-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. 114 St.

Registration District No. 7 File No. 13569

Primary Registration District No. 2027 Registered No. 120

Hospital

FULL NAME OF CHILD Beatrice Ellen Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 18 1913

	FATHER	MOTHER
FULL NAME	W. P. Hanson	Agnes M. Hugue
RESIDENCE	Idaho Falls, Ida	Idaho Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Iowa	Minnesota
OCCUPATION	Lawyer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Chas

Physician

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed May 29 1913 C. Hammond

..... Registrar

S-Y CO. 20174

Registrar

APR 2 1 1967

JUN 1 9 1970

789-126-010-417

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13570

Primary Registration District No. 2027 Registered No. 121

FULL NAME OF CHILD Walter Gordon Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 26 1913

FATHER		MOTHER	
FULL NAME	W. G. Phillips	FULL MAIDEN NAME	Maud Maggie
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 29 1913 [illegible] Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1960

815-223-010-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 13571

Primary Registration District No. 2027 — Registered No. 122

FULL NAME OF CHILD Bernice Marie Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gaylon Bernard Hansen	Isabelle DeRome
RESIDENCE	Irwin, Idaho	Irwin Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 1 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Clair
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed May 29 1913

..... Registrar

S-Y CO. 20174

Registrar

666 - 212-010-128

Form V. S. No. 11-C 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls R 7 2

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13572

Primary Registration District No. 2027 Registered No. 123

FULL NAME OF CHILD ONA MAY WOOLF

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	and		Yes	May 18th 1913

FATHER		MOTHER	
FULL NAME	Marion Woolf	FULL MAIDEN NAME	Lillie Ashcroft
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:36 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Old Clinic Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 29 19 13 W. Farnsworth Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Affidavit.

State of Idaho.)
) SS
County of Bonneville)

OCT 5 1942

I, Lillie Ashcraft Woolf being first duly sworn depose and say I am the mother of Ona Mary Woolf, whose father is named Marion Woolf.

One May Woolf was born May 12, 1913 at Iona, Bonneville County, Idaho. Her father Marion Woolf was born Aug. 25, 1872 at Hyde Park, Utah., and I was born Nov. 14, 1878 at Bloomfield, Indiana.

Signed this 29th Day of September 1942.

Lillie Ashcraft Woolf

Subscribed and sworn to before me this 29th day of September 1942.

N. J. Shattuck

Notary Public for Idaho.
Residing at Idaho Falls, Idaho

OCT 5 1949

SEP 23 1976

319-115-010 553

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form S. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13573

Primary Registration District No. 2027 Registered No. 127

FULL NAME OF CHILD Floyd Ernest Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 15 1913

FATHER		MOTHER	
FULL NAME	Ernest Carlson	FULL MAIDEN NAME	Agusta Nelson
RESIDENCE	Willow & K St	RESIDENCE	Willow & K St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Blankholm Sweden	BIRTHPLACE	Idaho Falls
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (~~or stillborn~~), at 2 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Finlay McCumpe

(Physician or midwife)

Address 265 Cliff St

Given names added from a supplemental report

..... 19.....

Filed May 31 1913 C. W. Hammond

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1963

345-126-010-154

PLACE OF BIRTH

County of Bonneau

City of Ash Lawn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13574

Primary Registration District No. 2227 Registered No. 121

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 26 1913

FATHER	MOTHER
FULL NAME: Nathan A Lundy	FULL MAIDEN NAME: Emma L. Anderson
RESIDENCE: Box 621 Ash Lawn	RESIDENCE: Box 621 Ash Lawn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Polk Co Nebraska	BIRTHPLACE: Dawson Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Finley Midwife

(Physician or midwife)

Address 265 Colby St

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed May 31 1913 Wm Hammond
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699 - 125 - 010 - 343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 567 Capital St.

Hospital

Registration District No. 7

Primary Registration District No. 2 3 7

File No. 13575

Registered No. 124

FULL NAME OF CHILD

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 5 (Month) 25 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Scott Wright	FULL MAIDEN NAME: Julia Ellen Luly
RESIDENCE: 567 Capital Ave	RESIDENCE: 567 Capital Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Brigham Utah	BIRTHPLACE: Iowa
OCCUPATION: Day Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Finlay

Midwife (Physician or midwife)

Address 265 Bluff St

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-120-010-891

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13576

Primary Registration District No. 2027 Registered No. 127

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy	1		yes	May 20 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John E Mitchell	FULL MAIDEN NAME	Annie G Hiatt
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Garfield Co Utah	BIRTHPLACE	Harrisville Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Mid wife (Physician or midwife)

Address Idaho Falls Ida R F D 3

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913 Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 203-010-719

Child's name added 5-11-92 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13577

Primary Registration District No. 2027 Registered No. 120

FULL NAME OF CHILD CATHERINE PARR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 3 1913

FATHER	MOTHER
FULL NAME William Parr	FULL MAIDEN NAME Gertrude Parr
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cunningham

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed June 3 19 13 Wm Cunningham

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

3-24-92

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss. APR 9 3 03 PM '92

Certificate No. 13577
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Parr (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 3, 1913 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Parr	~~Marie~~ Catherine Parr
		not enough documents to show Marie (mcm)

Subscribed and sworn to before me this 6th day of April, 1992.
Notary Public, Dee Quintana
Residing at Dallas County
My commission expires May 12 1992
(Seal)

x Catherine Parr Havens
Signature of Applicant
x 215 N. Moore Rd #4013
Street Address, City, State
Coppell, Texas 75019

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas
County of Dallas } ss.

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1992.
Notary Public, Dee Quintana
Residing at Dallas County
My commission expires May 12 1992
(Seal)

x Elizabeth Martin Parr
Supporting Signature
x 6361 Trail Lake Dr.
Street Address, City, State
Fort Worth, Tx. 76133.

Baptism certificate shows Marie Catherine Parr born June 3, 1913 in Idaho Falls to William and Antonia Parr and baptized June 8, 1913 in Holy Rosary Church in Idaho Falls by Rev Fuchs. Viewed by VS MCM.

MAY 2 7 1992

Catherine P. Havens
215 North Moore Rd.
Apt. 4013
Coppell, Texas 75019

P.S. was taught at 5 to spell my name with a C. My grandmother spelled her name with a C

1983 U S Tax return shows Catherine P Havens and dated Apr 4, 1984. Viewed by VS.

299 - 110 020 - 854

PLACE OF BIRTH

[redacted] STATE OF IDAHO

Form V. S. No. 11-C—15m-4-20-)

[redacted] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 13578

No. —, St.

Primary Registration District No. 2020 Registered No. 37

Hospital —

FULL NAME OF CHILD Marion Branch Britton

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	May 10th, 1913

FATHER		MOTHER	
FULL NAME	George W. Britton	FULL MAIDEN NAME	Livicy Hearn
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Nebraska	BIRTHPLACE	Ind.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 2-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 13th, 1913. B. W. Mather

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1942

JUL 6 1942

381 - 206 - 020 - 319

PLACE OF BIRTH

File No. 13579

County of Elmore

City of Mountain Home Registration District No. 20

No. —, —— St. Primary Registration District No. 2020 Registered No. 36

Hospital —

FULL NAME OF CHILD Donna May Chattin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 6th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Cooke Chattin	Eva Carne
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Texas	Iowa
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed May 8th, 1913 B. W. Mather Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

OCT 21 1942

FEB 21 1956

533-122-020-156

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 13580

No. —, St.

Primary Registration District No. 2020 Registered No. 38

Hospital —

FULL NAME OF CHILD Claude Earl Elliott Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 22nd 1913

FATHER		MOTHER	
FULL NAME	Claude Earl Elliott	FULL MAIDEN NAME	Lydia Jeffrey
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	COLOR	W
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Arkansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth ... one

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician (Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 24th 1913 B. W. Mathes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 8 1944

769-224-020-818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 20 — File No. 13581

No. —, —— St.

Primary Registration District No. 2020 — Registered No. 39

Hospital —

FULL NAME OF CHILD Doris Vaine Garrill Gorrill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
f			yes	May 24, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry F. Garrill Gorrill	FULL MAIDEN NAME	Emma Pearl Hayward
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	At Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

RESERVED FOR BINDING

WRITE PLAINLY, USING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child, a SEPARATE RETURN must be made for each and the number and date of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 6/3 1913 B. W. Mathews

Registrar

S-Y CO., 16670

Registrar

MAR 21 1963

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESERVED FOR BINDING
WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

417-107-020-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13582

County of Elmore

City of Mountain Home — Registration District No. 20 — File No.

No. ——— St.

Primary Registration District No. 2020 — Registered No. 35

Hospital ———

FULL NAME OF CHILD Edward Horace Magden

Sex of Child: Male | Twin, Triplet or other? — | and Number in order of birth ~~eleven~~ | Legitimate? Yes | Date of Birth: May 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Frank Magden	FULL MAIDEN NAME: Minnie Travis
RESIDENCE: Mountain Home	RESIDENCE: Mountain Home
COLOR: White — AGE AT LAST BIRTHDAY: 44 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Eaton Co. Michigan
OCCUPATION: Real Estate	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: eleven — Number of children of this mother now living, including present birth: ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~a~~ born alive, at 2:20 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife

(~~Physician~~ or midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed May 12th 1913 — B. W. Mathes

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

432-109-020-593

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 13583

No. —, St.:

Primary Registration District No. 2020

Registered No. 42

Hospital —

FULL NAME OF CHILD Richard Milton McKenna

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 9, 1913

FATHER		MOTHER	
FULL NAME	Milton L. McKenna	FULL MAIDEN NAME	Mary Anna Louise Ertz
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	W	AGE AT LAST BIRTHDAY	34 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ida
OCCUPATION	Freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 9, 1913, at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician

(Physician or Midwife)

Address Mtn Home Ida

Given names added from a supplemental report

....., 19.....

Filed 6/9 19 13 B. W. Mathews Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dept of 1913 - 193476

795-211-020-893

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 13584

No. —, —— St. Primary Registration District No. 2020 Registered No. 40

Hospital —

FULL NAME OF CHILD Golda Adeline Pierce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	May 11, 1913

FATHER		MOTHER	
FULL NAME	Floyd L. Pierce	FULL MAIDEN NAME	Mary Hiller
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	N. Dak
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 6/3 1913 B. W. Mather Registrar

S-Y CO., 46670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 31 1942

713-107-020-493

Form V. S. No. 11-C

STATE OF OHIO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 13585

No. —, —— St.

Primary Registration District No. 2020 Registered No. 41

Hospital —

FULL NAME OF CHILD ROBERT MILES Northerell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 7, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cyrus R. Northerell	FULL MAIDEN NAME	Helen Miles
RESIDENCE	Mtn H	RESIDENCE	Mtn Home
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Michigan
OCCUPATION	Abstractor	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 6/3 1913 B. W. Mather Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

APR 16 1942

PLACE OF BIRTH

County of Elmore

b13-107-030 44 3

GIN RESERVED FOR BINDING

ITH UNFADING INK—THIS IS A PERMANENT RECO

89 - 1-040-239

PLACE OF BIRTH

County of Shoshone

City of Avery, Idaho

Registration District No. 25

File No. 13586

No. ..... St.

Primary Registration District No. 2110

Registered No. .....

Hospital Residence

FULL NAME OF CHILD Maxine Marguerette O'Brien

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 21 1913

FATHER		MOTHER	
FULL NAME	Frank James O'Brien	FULL MAIDEN NAME	Inez Jennie Strom
RESIDENCE	Avery	RESIDENCE	Avery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Topeka Kans	BIRTHPLACE	Melbern Kans
OCCUPATION	Machinist	OCCUPATION	House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4:20 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. F. Smith M. D.

(Physician ~~or midwife~~)

Address Avery, Idaho

Filed May 10 19 13 Wilhelmina G. Wittman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. E.—In case of more than one child born at birth, a separate BIRTH must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246-124-040-357

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital

Registration District No. 25 File No. 13587

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Chester Raymond Smoke

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			Yes	April 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Smoke	FULL MAIDEN NAME	Rita Leahy
RESIDENCE	Burke Idaho	RESIDENCE	Burke, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Michigan
OCCUPATION	Miner	OCCUPATION	House-Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Geha

Physician (Physician or midwife)

Address Burke, Ida.

Given names added from a supplemental report

2 ..... 19.....

Filed May 3 1913

Wm. Chas. A. Dittman
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AGE AT LAST BIRTHDAY

433-127-040-281

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13588

County of Shoshone

City of Mullan

Registration District No. 25

No. —, St.

Primary Registration District No. 2108

Registered No.

Hospital —

FULL NAME OF CHILD ARTHUR McCann

Sex of Child	Male	Twin, Triplet, or other?	One	and Number in order of birth	2nd	Legitimate?	Yes

Date of birth Oct 27, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Warren C McCann	FULL MAIDEN NAME	Della Shanyon
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

Filed May 5 1913 D. Chas. A. Whitman

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 6 2008

SEP 1 5 1970

STATE OF IDAHO MAY 11 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 13588

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Master McCann (Name on Original Certificate) who Born (Was Born or Died) on Apr. 27, 1913 (Date of Event)
in Mullan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 29 - 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Master McCann	ARTHUR Mc CANN

Subscribed and sworn to before me this 7th
day of May, 19 42

F. C. Keane

Notary Public, residing at Wallace, Idaho

My commission expires April 4, 1946
(Seal)

Signed Mrs Bella McCann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

418 Cedar St. Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of May, 19 42

F. C. Keane

Notary Public, residing at Wallace, Idaho

My commission expires April 4, 1946
(Seal)

Signed John F. Murphy
(Signature of Any Credible Person Other Than Previous Year)

Wallace, Idaho
(Street Address, City, State)

MAY 1 1 1942

191 - 113 - 040 - 417

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 75 File No. 13589

Primary Registration District No. 2104 Registered No. ____

FULL NAME OF CHILD Joachino

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	X	X	yes	April 13 1913

FATHER		MOTHER	
FULL NAME	John Joachino	FULL MAIDEN NAME	Madalena Magnino
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Dairyman	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or Midwife)

Address Mullan Idaho

Filed April 13 1913 F. W. Ralfs Registrar

Given names added from a supplemental report

May 1 1913

D. Chas. A. Hartman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Dep of 1913 - 306203

369-173-040-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St.

Hospital ____

Registration District No. 75 File No. 13590

Primary Registration District No. 2107 Registered No. ____

FULL NAME OF CHILD Henry Delbert Corby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X	X	Yes	4 23 1913

FATHER

FULL NAME: Henry Corby

RESIDENCE: Mullan

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Helena Elesone

RESIDENCE: Mullan Ida

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Norway

OCCUPATION: wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 44 M.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralf

(Physician or midwife)

Address Mullan Ida

Given names added from a supplemental report

May 1 1913

Dr. Allan C. Dillman Registrar

Filed April 30 1913 F W Ralf Registrar

S-Y CO. 20174

231 - 230-040-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No ____, ____ St.

Registration District No 25 File No. 13591

Hospital ____

Primary Registration District No. 210 Registered No. ____

FULL NAME OF CHILD St Jeans Dorothy Cecelia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X		X	Yes	April 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. P. St Jeans	Laura Fairhead
RESIDENCE	Mullan	Mullan
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Canada	Canada
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralph MD

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

May 1, 1913

Dr. Chas. A. Dethman

Registrar

Filed Apr 30 1913 F W Ralph

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

763-121-040-417

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital James Pierino Polla

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 — File No. 13592

Primary Registration District No. 2108 — Registered No. ____

FULL NAME OF CHILD Pierino Polla

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	X	X	yes	April 21 1913

FATHER

FULL NAME Jim Polla

RESIDENCE Mullan

COLOR W — AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Italy

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Katie Mayorsino

RESIDENCE Mullan

COLOR W — AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Italy

OCCUPATION Wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs MD

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

May 1, 1913

Filed April 21 1913

F W Ralfs Registrar

Dr. Wm. C. Bittman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

693-130-040-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 13593

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Dorothy Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Apr 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur J Williams	FULL MAIDEN NAME	Daisy Chamberlain
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	None

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1913 Dr. Chas. L. Williams

S-Y CO. 20174 Registrar

Registrar

NOV 30 1965

265 - 219 040 - 286

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13594

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD MARY KONCAVICH Konconich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 19 1913

FATHER	MOTHER
FULL NAME Alex Koncovitch KONCAVICH	FULL MAIDEN NAME Agnes Shoshoco
RESIDENCE Mullan Ida	RESIDENCE Mullan Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Russia	BIRTHPLACE Austria
OCCUPATION Miner	OCCUPATION HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 1913 Wm. A. Whitman Registrar

S-Y CO. 20174

OCT 28 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan }
County of Saginaw } ss.

Certificate No. 13594

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Kancovitch (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1913 (Date of Event)
in Mullan, Idaho (Place) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father's Declaration of Intention #89 In Idaho (Bible Record, Insurance Policy, Etc.) prepared on 3-21-03 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kancovitch	Koncavich
Name	Unnamed	Mary

Subscribed and sworn to before me this 26th day of October, 1942

E. E. Speckhard

Notary Public, residing at Saginaw Mich

My commission expires July 7, 1943.

(Seal)

Signed Agnes Koncavich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

519 Millard, Saginaw, Mich
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan }
County of Saginaw } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 1942

E. E. Speckhard

Notary Public, residing at Saginaw Mich

My commission expires July 7, 1943

(Seal)

Signed Stella Koncavich
(Signature of Any Credible Person Other Than Previous Year)

519 Millard, Saginaw Mich
(Street Address, City, State)

OCT 30 1942

165-112-040-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Murray

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13595

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Dean Joy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Apr 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter D. Joy	FULL MAIDEN NAME	Lydia Burton
RESIDENCE	Murray Ida	RESIDENCE	Murray Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1913 W. Charles Pittman

S-Y CO. 20174 Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9-2-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

FEB 7 11 08 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone }

Certificate No. 13595

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Joy (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1913 (Date of Event)
in Mullan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Hi School Diploma-Navy Discharge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Dean Joy

Subscribed and sworn to before me this 31ST day of JANUARY 19 72

Wayne E Johnson

Notary Public, residing at WALLACE, IDAHO

My commission expires 1/25/76

(Seal)

Signed

(Signature of ~~parent or attendant if correcting a birth record~~; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Irma K. Grosbeck

(Street Address, City, State) 122 - No 6th Osburn, Id 83849

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of SHOSHONE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31ST day of JANUARY 19 72

Wayne E Johnson

Notary Public, residing at WALLACE, IDAHO

My commission expires 1/25/76

(Seal)

X Beulah

Signed Beulah Thomas

(Signature of Any Credible Person)

114 - No 6

Osburn Idaho 83849

(Street Address, City, State)

FORM DH 60-155 C.C. (J) 1 copy pd Rec. #22140

Discharge papers ~~xx~~ from U.S. Navy gives name as Dean Joy, Aviation Store Keeper, First Class USNR. Honorable Dishcarge. Dated September 7, 1945. Signed by M. MacDonald, Commander, USN (RET.) Date of birth: April 12, 1913. Viewed by VS

FEB 10 1972

High School diploma ~~d~~from Mullan High School, Mullan, Idaho gives name as Dean Joy. Dated May 11, 1933. Viewed by V. S.

594 - 205 - 040 - 658

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 45 File No. 13596

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD ANNA ELIZABETH ERDMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 5 1913

FATHER	MOTHER
FULL NAME Carl Erdman	FULL MAIDEN NAME Cecilia Fehrenbacher
RESIDENCE Larson Ida	RESIDENCE Larson Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Russia	BIRTHPLACE Germany
OCCUPATION Miner	OCCUPATION Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 19 13 Dr. Chas. A. Wetmore

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane. }

Certificate No. 13596

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Anna Elizabeth Erdman
mother's name	Cecilia Feahranbecher	Cecelia Fehrenbacher

Subscribed and sworn to before me this 14th day of May, 1942

Mary A. Wellcox

Notary Public, residing at Spokane Wn

My commission expires Aug. 18 1945

(SEAL)

Signed Cecelia Fehrenbacher

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

Notary Public, residing at .....

.....

(STREET ADDRESS, CITY, STATE)

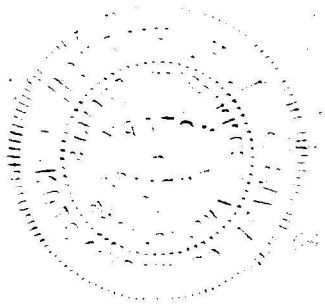
My commission expires .....

(SEAL)

Received for filing on MAY 18 1942 By .....

(REGISTRAR'S SIGNATURE)

MAY 20 1969



731-108-040-219

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ____ St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 45

File No. 13597

Primary Registration District No. 2106

Registered No. ____

Hospital ____

FULL NAME OF CHILD Thomas Woodrow Glasson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	7	yes	May 8 1913

FATHER		MOTHER	
FULL NAME	Thomas Glasson	FULL MAIDEN NAME	Phyllis Barnett
RESIDENCE	Wardner Idaho	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Stone mason	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:39 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 15 1913 W. Chas. L. Gilman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

SEP 1 0 1975

289-126-040-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-[illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 45 File No. 13598

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Francis William Shearer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2	Yes	April 26 1913

FATHER	MOTHER
FULL NAME Clarance Shearer.	FULL MAIDEN NAME Gertrude H. Pearson
RESIDENCE Wardner	RESIDENCE Wardner.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ind	BIRTHPLACE Ill
OCCUPATION Miner	OCCUPATION H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) J. R. Hearon

(Physician or midwife)

Address .....

Filed May 5 19 13 W. Mark L. Hitchman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. 10a. 11-0—20m-2-18-58

BIRTH AUG 28 1959

County of

219-204-040-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Registration District No. 25 File No. 13599

Primary Registration District No. 2106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara B. Barnhart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	2	Yes	May 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lenard D. Barnhart	Anna Brown
RESIDENCE	Wardner	Wardner
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Missouri	S. D.
OCCUPATION	Miner	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 15 1913 Dr. Chas. G. Dillman

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1954

SEP 25 1975

165-18-040-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13600

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD John Aron Jones.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	Yes	Oct 16 1913

FATHER		MOTHER	
FULL NAME	John Jones.	FULL MAIDEN NAME	Lizzie Williams
RESIDENCE	Wardner.	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Wales.
OCCUPATION	Miner	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 5 1913 Wm. A. Wetherman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 2

955-103-6404/55

Rev. V. S. 11a, H-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13601

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Mary Jessie Renaldi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	3	Yes	Oct. 3 1913

FATHER

FULL NAME John Renaldi

RESIDENCE Kellogg

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Italy

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Ester Renaldi

RESIDENCE Kellogg

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mass.

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Moore (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 5 1913 W. A. Hutton Registrar

8-Y CO. 20174

Form V. S. No. H-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH.

County of

415-218-640-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Stewart Idaho Registration District No. 25 File No. 13602

No. ..... St. Primary Registration District No. 2105 Registered No. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Lennan Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	4	Yes	Oct. 18 1912

FATHER	MOTHER
FULL NAME David W. Davis	FULL MAIDEN NAME Lizzie Thomas
RESIDENCE Stewart Idaho	RESIDENCE Stewart Idaho
COLOR W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Wales.	BIRTHPLACE Wales
OCCUPATION Miner	OCCUPATION H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) G. R. Mason

(Physician or midwife)

Address .....

Filed May 5 1913 M. Chas. A. Williams Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

APR 2 1969

712-106040-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13603

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD John William Gaby,

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/		1	Yes	May 6 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Hurd Gaby, Jr.	FULL MAIDEN NAME: Margret Pratt
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Del, Litchfield	BIRTHPLACE: Missouri, Kans City
OCCUPATION: Merchant	OCCUPATION: H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

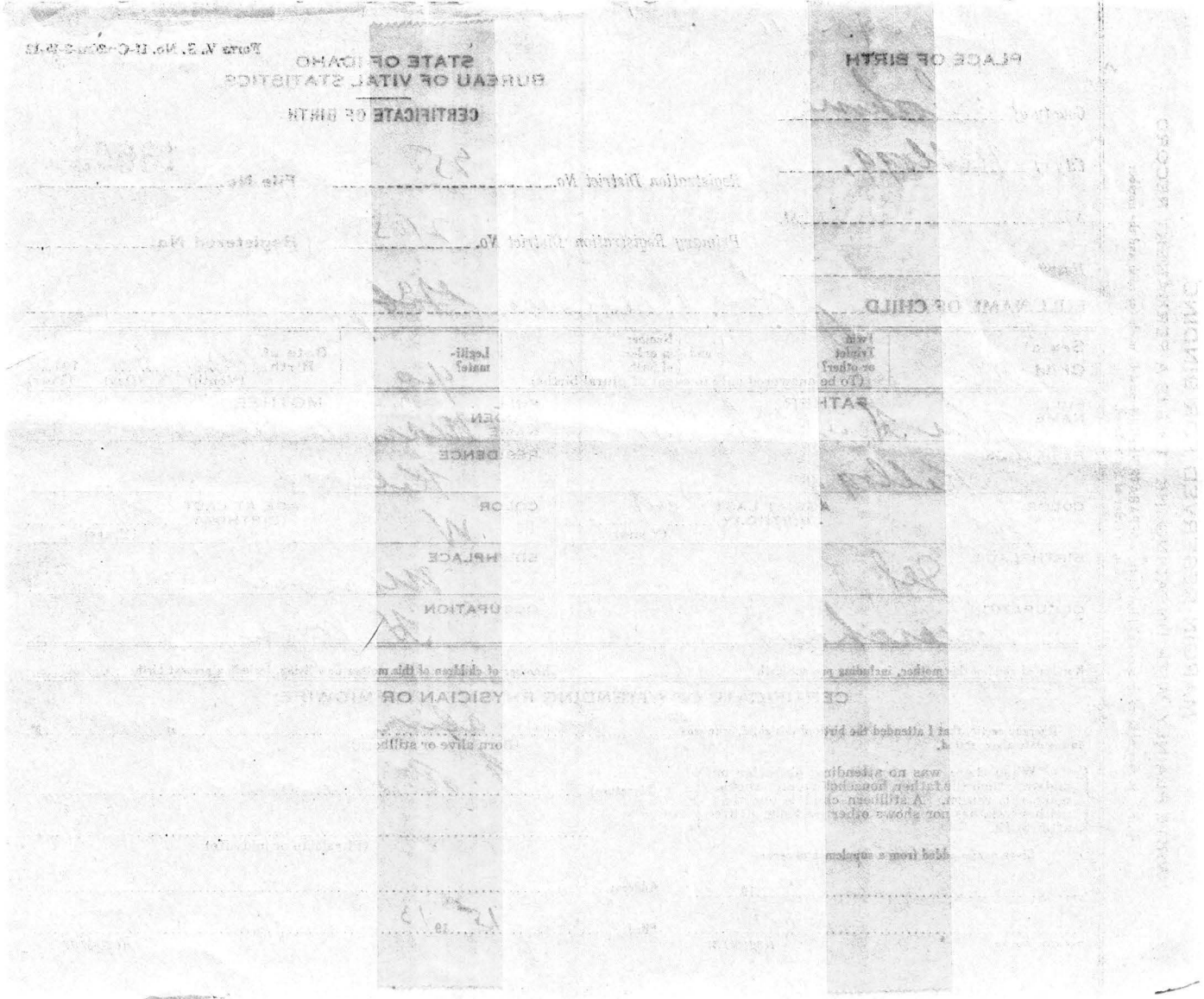
..... 19.....

Filed May 15 1913 Dr. Chas. L. Hartman

..... Registrar

Registrar

S-Y CO. 20174



519-221-040816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Stewart

No. ..... St.

Hospital .....

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13604

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Rose Mary Haines.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	7	Yes	Apr. 21 1913

FATHER		MOTHER	
FULL NAME	Lekas Norton Haines	FULL MAIDEN NAME	Rose Irene Hancock
RESIDENCE	Stewart, Idaho	RESIDENCE	Kansas Stewart
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ind.	BIRTHPLACE	Kansas
OCCUPATION	Miner	OCCUPATION	H. Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 5 19 13 Wm. Chas. A. Dillman

..... Registrar

Registrar

S-Y CO. 20174

JUL 10 1942

113-117-040-645

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13605

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Victor Jacobson.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Nov 17 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Alfred Jacobson.	FULL MAIDEN NAME Lena Odell
RESIDENCE Kellogg,	RESIDENCE Kellogg,
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mich	BIRTHPLACE Wis
OCCUPATION Miner.	OCCUPATION At. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Hanson

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 5 1913 W. Chas. L. Wellman Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1969

659-P2-040-438

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 25 File No. 13606

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarke Weigand.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	/	Yes	May 7 1913

FATHER	MOTHER
FULL NAME Charles Weigand	FULL MAIDEN NAME Bernice Mae Stevens
RESIDENCE Kellogg	RESIDENCE Kellogg,
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Neb	BIRTHPLACE Neb.
OCCUPATION Cashier Bank	OCCUPATION H. Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 15 19 13 Thos. A. Dillman Registrar

S-Y CO. 20174

JUN 2 1966

JUN 20 1973

295-158-040849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 95 File No. 13607

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence Herald Breeding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Feb 28 1913

FATHER		MOTHER	
FULL NAME	Clarence Breeding	FULL MAIDEN NAME	May Hunter
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill.	BIRTHPLACE	Ontario Canada
OCCUPATION	Motorman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 5 19 13 D. Ella L. Dettman

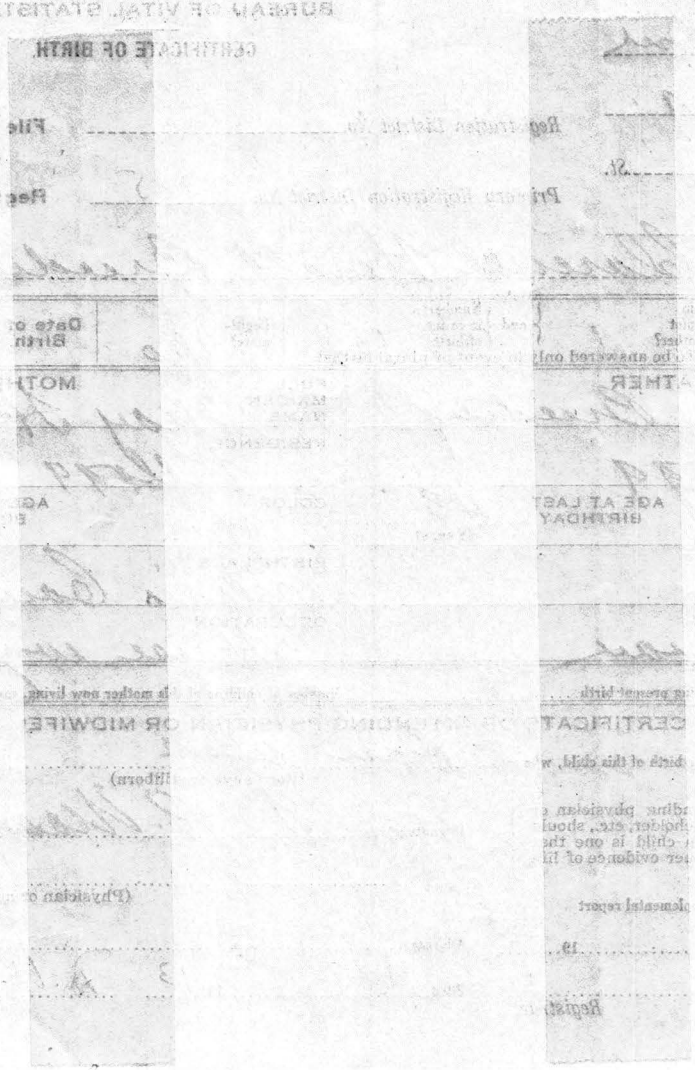
..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



331-209-090263

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital ESTHER

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 13608

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Ethel Helen Clark

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	4	Yes	Oct 9 1913

FATHER	MOTHER
FULL NAME Frank Clark	FULL MAIDEN NAME Cadara Koch.
RESIDENCE Kellogg,	RESIDENCE Kellogg,
COLOR W AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Ohio.
OCCUPATION R. R. Conductor	OCCUPATION House Wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 Dr. Chas. L. Thomas

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 1360

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ethel Clark (Name on Original Certificate) who was born (Was Born or Died) on April 9- 1913 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 10-1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ethel	Esther Helen Clark

Subscribed and sworn to before me this 31st
day of August, 1942

W P Sampson
Notary Public, residing at Spokane Washington
My commission expires April 30-1945
(Seal)

Signed Frank Clark Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2225-W. Gardner St. Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of August, 1942

W P Sampson
Notary Public, residing at Spokane Washington
My commission expires April 30-1945
(Seal)

Signed Mrs Clara E Clark Mother
(Signature of Any Credible Person Other Than Previous Year)

2225-W Gardner St
Spokane, Wash
(Street Address, City, State)

SEP 2 1942

NOV 2 8 1972

993-22-5040-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 25 File No. 13609

Primary Registration District No. 2405 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Xxx Xxxxxxxx~~ CHARLOTTE LOWEEN Zilla

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	Yes	1 29 1913

FATHER		MOTHER	
FULL NAME	Henry Zilla	FULL MAIDEN NAME	Marie Trainor
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ft. Maine	BIRTHPLACE	Ill
OCCUPATION	Butcher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 5 19 13 Dr. Chas. L. Dettman

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

Registration District No.

Previous Registration District No.

Registered No.

FULL NAME OF CHILD

Sex

Color

Single, Twin, or Triplet

Legitimate

Date of Birth

Month

Day

Year

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

FATHER

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Date Received by Local Registrar

Signature of Local Registrar

Form V. S. No. 21-C—Rev. 5-15-32

GROUND FLOOR PLAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 13609
Date Filed APR 13 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 29 1913 (DATE OF EVENT)
in Kellog Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON original)	TO (THE CORRECT FACTS)
name	no name	Charlotte Loween Zilla
		Henry Frank Zilla

Subscribed and sworn to before me this 6
day of April, 1942.
Henrietta Farrow
Notary Public, residing at Glendale Cal
My commission expires Mch 18 1946
(SEAL)

Signed Marie B. Trainor Zilla
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)
1002 N. Jackson Glendale Cal
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

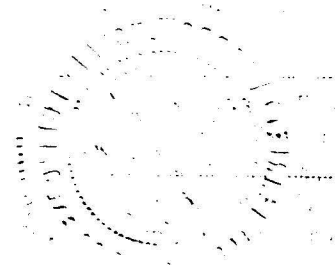
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____
day of ____, 19 ____
Notary Public, residing at ____
My commission expires ____
(SEAL)

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
____
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

APR 15 1942



245 205 004-767

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13610

Primary Registration District No. 2094 Registered No. 71

FULL NAME OF CHILD Phyllis Kunz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 5 1913

FATHER	MOTHER
FULL NAME: Alma A. Kunz	FULL MAIDEN NAME: Emma Pope
RESIDENCE: Bern	RESIDENCE: Bern
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Bern	BIRTHPLACE: Garden City, Ut.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~midwife~~)

Address Montpelier, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 A R Cooley Registrar

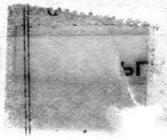
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Own Child's Birth Certificate on file, #218306 gives full name as Phyllis Kunz - viewed by V.S. and L.D.S. Church Certificate of Membership gives full name as Phyllis Kunz, states that she was blessed June 1, 1913 by John L. Rigby - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13610

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1913 (Date of Event) in Bern (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Phyllis Kunz

Subscribed and sworn to before me this 2nd day of March, 1957

Ruth Alard

Notary Public, residing at .....

My commission expires .....

(Seal)

RUTH ALARD
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1960

Signed Celsus A Kunz (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bern, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 1957

Ruth Alard

Notary Public, residing at .....

My commission expires .....

(Seal)

RUTH ALARD
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1960

Signed Seth N. Kunz (Uncle)
(Signature of Any Credible Person)

124 Grant St., Montpelier Idaho
(Street Address, City, State)

FORM DPH 55. 155

OCT 16 1959

852 206 100X815

Amended 6/13/79

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 24

File No. 13612

No. ____ St.

Primary Registration District No. 2096

Registered No. 69

Hospital ____

FULL NAME OF CHILD Carma Hess

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 6 1913

FATHER		MOTHER	
FULL NAME	Clarence Hess	FULL MAIDEN NAME	Jessie Hansen
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Georgetown	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D. Cooley

(Physician or ~~midwife~~)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 A D Cooley

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 30 12 34 PM '79

State of _____ } ss.
County of _____

Certificate No. 13612
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hess (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 6, 1913 (Date of Event)

in Georgetown (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Carma Hess

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of CACHE

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of APRIL, 19 79.

Notary Public, _____
Residing at Logan, Utah.
My commission expires My Commission Expires July 12, 1982
(Seal)

Gene Smart
Supporting Signature

131 E 1st No Logan Ut 84321
Street Address, City, State

Correction corresp. 4-16-79 1 copy pd

JUN 13 1979
JUN 20 1979

Marriage license from Idaho gives name as W. W. Palmer and Carma Hess married Nov 25, 1936. viewed by V. S.

Insurance policy from The Prudential Ins. Co. Of American gives name as Carma H. Palmer. Policy No. 593 890 022. dated Sept 21, 1959. viewed by V. S.

719-10700496

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13613

Primary Registration District No. 2093 Registered No. 68

Thos Parker

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	May 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Parker	FULL MAIDEN NAME	Alice Brown
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lanark	BIRTHPLACE	Preston
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E. Cooley

(Physician or ~~midwife~~)

Address Montpelier Ida.

Given names added from a supplemental report

....., 19.....

Filed May 5 1913 A. D. Cooley

.....
Registrar

8-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

~~475-05-0004-224~~ (Be sure the information is complete and accurate)

Amended 5/5/75

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13614
Local Reg. No. -
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ralph
b. (Middle):
c. (Last): Ringel

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) May (Day) 5, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Frederick
b. (Middle): L.
c. (Last): Ringel

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Paris
10. USUAL OCCUPATION: Electrician
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lottie
b. (Middle):
c. (Last): Price

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Paris, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley D. Cooley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Paris
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 5, 1913
22. REGISTRAR'S SIGNATURE: A. D. Cooley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 17 2 41 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Madison } ss.

Certificate No. 13614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ralph Wingle (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1913 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ralph Wingle	Ralph Ringel
father's last name	Wingle	Ringel

Subscribed and sworn to before me this 14 day of April, 1975.

Notary Public, residing at Rupert Idaho
My commission expires Jan 1979
(Seal)

Signed Gwen L. Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

216 E 1st St. Rupert Idaho
(Street Address, City, State)

Clerk D.C

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1975.

Notary Public, residing at Rupert Idaho
My commission expires Jan 1979
(Seal)

Signed Calandra L. Cooper
(Signature of Any Credible Person)

Rt #2 Rupert Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3/31/75 lbc pd. rec. #3981

Membership Statement from United Brotherhood of Carpenters and Joiners of Americanx & give name as Ralph Ringel. dated Oct. 15, 1946. borm May 5, 1913. viewed by V. S.

College Transcript from Ricks College gives nam ea Ralph Ringel. father's name given as F. L. Ringel. bonr am 5, 1913. date of B. S. Degree May 24, 1956. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 24 — File No. 13614

Primary Registration District No. 2092 — Registered No. 66

FULL NAME OF CHILD Ralph

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 5 — 1913

FATHER	MOTHER
FULL NAME: Frederick L Wrangle	FULL MAIDEN NAME: Lottie Pucel
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: W — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Paris	BIRTHPLACE: Paris
OCCUPATION: Electrician	OCCUPATION: H. W.

Number of child of this mother, including present birth: 5 — Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M. D.
(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 — A P Cooley Registrar

..... Registrar

S-Y CO. 20174

MAR 3 1 1975

MAY 1 2 1975

Amended 10-6-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13615
Local Reg. No. 63
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Agnes b. (Middle): Mary c. (Last): Kulicke

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 7, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): C. c. (Last): Kulicke

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rose b. (Middle): c. (Last): Jaussi

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley & Cooley, M.D.'s

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 8, 1913

22. REGISTRAR'S SIGNATURE: A.D. Cooley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13615

Primary Registration District No. 2092 Registered No. 43

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes	May 7 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: William C. Pulkie

RESIDENCE: Paris

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Germany

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Rose Jaussi

RESIDENCE: Paris

COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

M. D. or L. M. D.

(Physician or midwife)

Address Paris, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 8 1913 A. W. Cooley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 15 1964 Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 13615

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kulkie (girl child) who was born on May 7, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Agnes Mary Kulicke
Father's Last Name	Kulkie	Kulicke, William C.

Subscribed and sworn to before me this 8th day of June, 19 64

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rose Kulicke (MOTHER)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 19 64.

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed Vanda F. Trussel
(Signature of Any Credible Person)

186 N. 5 W Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5-28-64. one copy pd. rec. #19973.

L.D.S. Church Certificate of Birth, entered on record July 6, 1913 gives full name as Agnes Mary Kulicke, born May 7, 1913 at Paris, Idaho to William C. Kulicke and Rose Jaussi - viewed by V.S.

Warranty Deed, Bear Lake County, State of Idaho, dated April 27, 1911 gives full name of second party as William C. Kulicke - viewed by V.S.

Release of Mortgage, loan no. 38444, dated May 1, 1944 gives full name as William C. Kulicke - viewed by V.S.

Production Credit Association, Certificate of Class A Stock, Cert. no. 858, dated Jan. 26, 1944 gives full name as Wm. C. Kulicke - Bannock County, Idaho- viewed by V.S.

Notification of Birth Registration, State of South Dakota, gives full name of child as Max William Dierenfeldt, born January 15, 1944 at Eureka, South Dakota to Otto William Dierenfeldt and Agnes Mary Kulicke - No. 650753 - viewed by V.S.

445·205·004 113

PLACE OF BIRTH

County of Bear Lake

City of Blaxxington

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13616

No. St.

Primary Registration District No. 2091 Registered No. 62

Hospital

FULL NAME OF CHILD Violet Dunford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Parley E. Dunford	FULL MAIDEN NAME	Mary E. Jacobson
RESIDENCE	Blaxxington	RESIDENCE	Blaxxington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Blaxxington
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D Cooley M D

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

.....19.....

Filed May 8 19 13 A D Cooley

.....
Registrar

.....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

118-205-004-49

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 24 File No. 13617

No. ____ St.

Primary Registration District No. 2091 Registered No. 40

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Burton Payne	FULL MAIDEN NAME	M. Alice Briscoe
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley M. D.

(Physician or midwife)

Address Paris Ida.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 8 1913 A P Cooley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1970

24-23-006 433

PLACE OF BIRTH
Amended 3-21-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____ St.

Registration District No. 24 File No. 13618

Hospital ____ Primary Registration District No. 2096 Registered No. 89

FULL NAME OF CHILD EFFIE SMART
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 23 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Parley Smart	FULL MAIDEN NAME: Emily McCammon
RESIDENCE: Georgetown	RESIDENCE: Georgetown
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Georgetown	BIRTHPLACE: Georgetown
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D. Cooley
(Physician or midwife)

Address Montpelier, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed May 31 1913 A. D. Cooley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 13618

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smart (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1913 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing prepared on August 3, 1913 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Certificate of Baptism June 7, 1921 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Mamie McCamon	Emily McCammon
Child's name	Missing	Effie Smart
		(mother)

Subscribed and sworn to before me this 17th day of February, 1956.

J. Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Signed Emily McCammon Smart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1956.

J. Ruth Aland
Notary Public, residing at
My commission expires
(Seal)

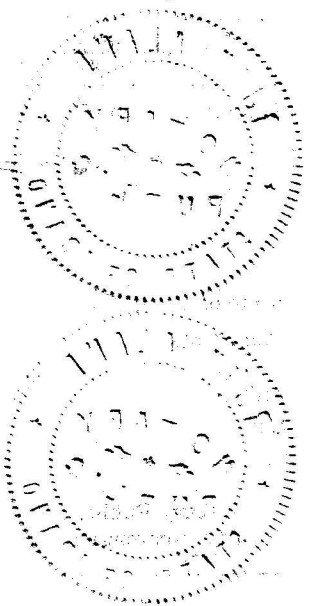
RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1956

Signed Parley G. Smart (Father)
(Signature of Any Credible Person)

Georgetown, Idaho
(Street Address, City, State)

FORM DPH 55.155

FEB 29 19[illegible]



Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13618

Primary Registration District No. 2094 Registered No. 84

FULL NAME OF CHILD EFFIE SMART

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 23 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley Smart	Mamie McCannon
RESIDENCE	Georgetown	Georgetown
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Georgetown	Georgetown
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician ~~or midwife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

Filed May 31 1913 A. D. Cooley Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1956

219-103 004312

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13619

Primary Registration District No. 2098 Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 3rd 1913

FATHER	MOTHER
FULL NAME: William Bartlett	FULL MAIDEN NAME: Maud Lossee
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Bingman, Ut.
OCCUPATION: O. S. L. Eng.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~midwife~~)

Address Montpelier Idy

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 A P Cooley

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-213-book 294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake Amended 2/19/75

City of Montpelier

Registration District No. 24 File No. 13620

No. ..... St.

Primary Registration District No. 2098 Registered No. 87

Hospital .....

FULL NAME OF CHILD Georgia Grace Sueller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Arnold C. Sueller	FULL MAIDEN NAME	Grace Sims
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Paris	COLOR	White
OCCUPATION	Mason	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Evanston, Wyo.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.

(Born alive ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

Filed May 27 1913 A P Cooley Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

2 19 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 13620
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Georgia Gaen Tueller (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1913 (Date of Event)
in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	Gaen	Grace
date of birth	May 17, 1913	May 13, 1913
Mothers maiden name	Winn	Sims

Subscribed and sworn to before me this 19 day of
Feb., 19 75
Notary Public, residing at Idaho
My commission expires Sept 18, 1977
(Seal)

Signed Ronald Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2605 7724 Boise, Ida. 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)
(Street Address, City, State)

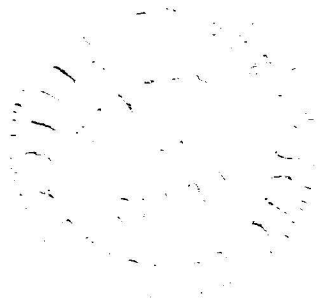
FORM DH 60-155

Church Record, LDS Church - Georgia Grace Tueller born May 13, 1913 at Montpelie
Idaho, father Arnold C. Tueller , Mother Grace Sims. baptized July 16, 1925,
Blessed Mar. 1, 1914.

FEB 19 1975

Viewed by Vs

Family Record - by family , obviously old gives name as Georgia Tueller born May 13, 1913 at Montpelier, Idaho father Arnold and mothers maiden name as GraceSims.
Viewed by Vs



819-22110043-19

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH
Amended 4-28-26

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13621

Primary Registration District No. 2094 Registered No. 86

FULL NAME OF CHILD Blanche Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Bart. Harrison	FULL MAIDEN NAME	Morinda Mortina Larsen
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Providence, Ut.	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913 A. R. Cooley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 2 42 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 13621

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Harrison (female) (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1913 (Date of Event) in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Blanche Harrison
mother's maiden name	Sarah Jensen (midwife- Not mother)	Morinda Mortina Larsen

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of April, 19 76

Ruth Ellen Westbrook

Notary Public, residing at Pullman

My commission expires July 12, 1976
(Seal)

Signed Richard F. Kleckermon, Supt. of Schools, Pullman, Wash.
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 4/21/76

Church Certificate of Membership gives name as Blanche Harrison born May 21, 1913 in Georgetown, Bear Lake County. Father - Bartholomew Harrison and mother is listed as Morinda Mortina Larsen. Membership recorded 1941.
Viewed by V.S.

Statement regarding school records issued by Washington State University gives name as Blanche Harrison Higbee who was born May 20, 1913 in Georgetown, Idaho to Bartholomew Harrison. Transcript dated Sept. 22, 1955.
Viewed by V.S.

A Brother's birth certificate on file with State of Idaho gives name of mother as Morinda Mortina Larsen. Brother born July 16, 1910. Certificate # 281972.
Viewed by V.S.

APR 28 1976

713-12-100X-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bloomington, Idaho.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13622

Primary Registration District No. 2091 Registered No. 54

FULL NAME OF CHILD Joseph Harold Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	May 24 (Month) (Day) 1913 (Year)

May 24 1913

FATHER		MOTHER	
FULL NAME	Joseph Peter Patterson	FULL MAIDEN NAME	Elva Thornock
RESIDENCE	Bloomington, Idaho.	RESIDENCE	Bloomington, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bloomington, Idaho.	BIRTHPLACE	Bloomington, Idaho.
OCCUPATION	School teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Hollendorf M. D. (Physician or Midwife)

Address Bloomington, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 31 1913 M. R. Cooley

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

FEB 21 1951

962-100-004-613

PLACE OF BIRTH

County of Bear Lake

City of Fossil

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13623

Primary Registration District No. 2093 Registered No. 83

FULL NAME OF CHILD Lawrence Roberts

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 10 1913

FATHER		MOTHER	
FULL NAME	Orson Roberts	FULL MAIDEN NAME	Mary A Matthews
RESIDENCE	Fossil, Idaho	RESIDENCE	Fossil
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Liberty Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley T Cooley

Physician

(Physician or midwife)

Address Paris, Idaho

Filed May 20 1913 A P Cooley

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1974

APR 1 6 1975

FEB 1 9 1943

245-215-1004-758

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

Registration District No. 24 File No. 13624

Primary Registration District No. 2090 Registered No. 52

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 15 191[illegible]

FATHER		MOTHER	
FULL NAME	Born Bronderson	FULL MAIDEN NAME	Augusta Peterson
RESIDENCE	St. Charles, Idaho	RESIDENCE	St. Charles Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Cook

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

S. Rupperson (Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 25 19[illegible] A. R. Cooley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-2m-3-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

213-118-0084 414

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Bloomington — Registration District No. 94 — File No. 13625

No. ____ St. — Primary Registration District No. 2091 — Registered No. 81

Hospital ____

FULL NAME OF CHILD Norman Bennion Bateman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Bateman	Mary Madsen
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	47	42
BIRTHPLACE	England	Bloomington
OCCUPATION	Stockman	Wife

Number of child of this mother, including present birth 10 — Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

Physician (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 27 1913 W. P. Cooley
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF ~~VITAL~~ STATISTICS

Affidavit to Correct or Amend [illegible] Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
APR 21 4 29 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 13625

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bateman (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1913 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norman Bennion Bateman

Subscribed and sworn to before me this 17 day of April, 1975

Elaine Willett

Notary Public, residing at Paris Ida

My commission expires May 13 1977

(Seal)

Signed Otis H Bateman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 3/27/75

Certif. of Blessing from the LDS Church gives name as Norman Bennion Bateman son of Herbert Bateman and Mary J. Madsen.born May 10, 1913 at Bloomington, Ida.

Was Blessed Aug. 3, 1913. viewed by V. S. MAY 14 1975

Certificate of Baptism and Confirmation from the LD Church gives name as Norman Benion Batemand. son of Herbert Batemand and Mary J. Madsen. Born May 19, 1913 at Bloomington, Idaho. Baptized Sept. 3, 1921. viewed by V. S.

969-125-004-993

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13626

County of Bear Lake

City of Liberty

Registration District No. 14 File No.

No. ....., ... St.

Primary Registration District No. 2098 Registered No. 80

Hospital .....

FULL NAME OF CHILD Elmo Rich Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	X	X	Yes	April 25 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Samuel Morgan,	Ethel May Rich.
RESIDENCE	Liberty, Idaho	Liberty Idaho
COLOR / AGE AT LAST BIRTHDAY	White, 31 (Years)	White 29 (Years)
BIRTHPLACE	Liberty, Idaho	St. Charles, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

....., 19.....

Address Paris, Idaho

Filed May 15 19 13 A. P. Cooley

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1955

Amended 5-21-63

(Be sure the information is complete and accurate)

State File No. 13627
Local Reg. No. 85
Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Irving
b. (Middle): Edwin
c. (Last): Bowcutt

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): May 9, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Albert
b. (Middle):
c. (Last): Bowcutt

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Beatrice
b. (Middle):
c. (Last): Irving

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ashley D. Cooley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 19, 1913

20. REGISTRAR'S SIGNATURE: A.D. Cooley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 13 1963 Bureau of Vital Statistics

State of Utah } ss.
County of Salt Lake }

Certificate No. 13627

Date Filed May 7, 1963

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Irving Edwin Brocutt (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1913 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on February 18, 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Brocutt	Irving Edwin Bowcutt
Father's Full Name	Bert Brocutt	Albert Bowcutt

Subscribed and sworn to before me this 7th day of May, 19 63

Betty Thomas

Notary Public, residing at Bountiful, Utah

My commission expires June 21, 1964

(Seal)

Signed × Albert Bowcutt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1163 Picture Drive, Salt Lake City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 19 63

Betty Thomas

Notary Public, residing at Bountiful, Utah

My commission expires June 21, 1964

(Seal)

Signed × Beatrice Mangum

(Signature of Any Credible Person)

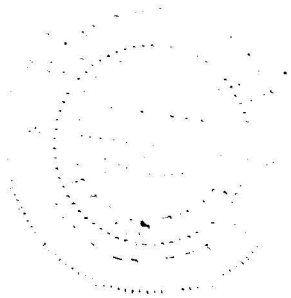
× 362 W. 1350 N. Bountiful Utah

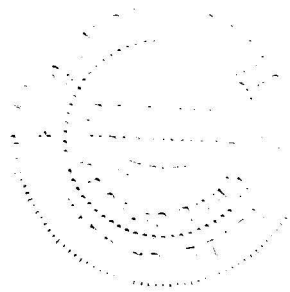
(Street Address, City, State)

FORM DH 60-155 CL 3-27-63. rm

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Priest, Feb. 18, 1934 gives full name as Irving Edwin Bowcutt, born May 9, 1913 at Montpelier, Idaho to Albert E. Bowcutt and Beatrice Irving - viewed by V.S.

Railroad Employment Record, Employee's Statement of Compensated Service Rendered Prior to January 1, 1937, to Employees under the Railroad Retirement Act of 1937. - dated Nov. 29, 1938 gives full name as Irving Edwin Bowcutt, born May 9, 1913 at Montpelier, Idaho - parent's names are given as Albert Edwin Bowcutt and Beatrice Sophia Irving - viewed by V.S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 13627

Primary Registration District No. 2098 Registered No. 85

FULL NAME OF CHILD Irving Edwin Broucett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert. Broucett	FULL MAIDEN NAME	Beatrice Irving
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Montpelier
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed May 19 1913 A. P. Cooley

..... Registrar

Registrar

5-Y CO. 20174

MAY 21 1963

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County [redacted]

City of Neal Road

Registration District No. 1

File No. 13629

No. _____ St.

Primary Registration District No. 2004

Registered No. 133

Hospital _____

FULL NAME OF CHILD Mervin Alan Healey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 3, 1913

FATHER	MOTHER
FULL NAME: Guy Healey	FULL MAIDEN NAME: Sylvia Pierce
RESIDENCE: Neal Road	RESIDENCE: Neal Road
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Mo
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Settlemyer

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12, 1913

J. M. Taylor Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 13629
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of June 8 1913 (Birth or death)
for Mervin Alan Healey (Name on original certificate) who Born (Was born or ~~died~~) on June 3 1913 (Date of event)
in Boise Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible (Bible record, insurance policy, etc.) prepared on 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Fred Healy	Mervin Alan Healey
Surname	Healy	Healey

Subscribed and sworn to before me this 8
day of Sept, 19 41

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Grace Healey
(Signature of ~~parent~~ or attendant if correcting a birth record; of attendant, ~~funeral~~ director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

319-208-OH-693

PLACE OF BIRTH

Form U.S. No. 11-C—15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Bench

Registration District No. 1

File No. 13630

No. R F D # 4, St.

Primary Registration District No. 2004

Registered No. 124

Hospital

FULL NAME OF CHILD Martha Beatrice Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	6, 8, 1911

FATHER		MOTHER	
FULL NAME	W James Carter	FULL MAIDEN NAME	Lola Wilcox
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Lincoln Allen

(Physician or Midwife)

Address 303 McCarty Bld

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 12 1911 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1942

JUN 1 1955

JAN 29 1969

79425.001-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. Lemp Gulch St.

Hospital

Registration District No. 1 File No. 13631

Primary Registration District No. 2004 Registered No. 122

FULL NAME OF CHILD Clarice Truett

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth: April 25, 1913 (Month) (Day) (Year)

FATHER

FULL NAME: Ristar Truett

RESIDENCE: Lemp Gulch

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Paris Mississiffi

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Margarett Rockeyal

RESIDENCE: Lemp Gulch

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Ordinville utah

OCCUPATION: House wife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. April 25 at 12-30 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 12 1913 J. M. Taylor

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

4-14-22-00-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1616 2d St.

Hospital

Registration District No. 2 File No. 13632

Primary Registration District No. 1004 Registered No. 136

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			L.	Apr 27 1913

FATHER		MOTHER	
FULL NAME	Cecil Martin	FULL MAIDEN NAME	Florence Duelschneider
RESIDENCE	1616 2da	RESIDENCE	1616 2da.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ore.	BIRTHPLACE	Ore
OCCUPATION	Clerk.	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stud Burch

(Physician or ~~Midwife~~)

Address Boise Ada

Given names added from a supplemental report

....., 19.....

Filed 5/1 19 13 [illegible]

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-220-GY-569

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1722 N 8th St.

Hospital

Registration District No. 2 File No. 13633

Primary Registration District No. 1004 Registered No. 137

FULL NAME OF CHILD Anna Louise Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	Apr 20 1913

FATHER	MOTHER
FULL NAME: ~~Edward~~ Bell	FULL MAIDEN NAME: Norma Lee M. L. Northcote
RESIDENCE: 1722 N 8. Boise, Idaho	RESIDENCE: 1722 N 8 Boise Ida
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Canada
OCCUPATION: Traveling man	OCCUPATION: H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or Stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Brandt

(Physician ~~or midwife~~)

Address Boise Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/1 1913 M S Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 13633

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Anna Louise Bell
Father's name	Louis Bell	Edward Bell
mother's name	N.L.	Norma Louise

Subscribed and sworn to before me this 23 day of June, 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Edward Bell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 24 1942

0660-114-1007-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of So Boise

No. Brooklen St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13634

Primary Registration District No. 1004 Registered No. 138

FULL NAME OF CHILD Charles Edward Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Apr 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Wood.	Sadie George.
RESIDENCE	So Boise.	So Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32.	20.
BIRTHPLACE	Wis	Ore.
OCCUPATION	Motorman	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burnside

(Physician or ~~midwife~~)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/1 19 13 Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 13634

Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Wood (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 14, 1913 (DATE OF EVENT)
in Boise Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [illegible] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Charles Edward Wood

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed John Boesch
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

415-213-001-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1410 N 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13635

Primary Registration District No. 1004 Registered No. 132

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	Apr 13 1913

FATHER		MOTHER	
FULL NAME	James Davey.	FULL MAIDEN NAME	Minnie Limburg
RESIDENCE	1410 N 5th	RESIDENCE	1410 N 5th.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	42. (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wales.	BIRTHPLACE	Minn
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or [redacted])

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/1 19 13 [signature] Registrar

S-Y CO. 20174

762-213-004-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13636

County of Ada

City of Boise

No. 1609 N 17 St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 143

Hospital

FULL NAME OF CHILD Margaret Helen Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Ross	Agnes McKenna
RESIDENCE	1609 N 17	1609 N 17
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	43
BIRTHPLACE	Canada	Scotland
OCCUPATION	Clergyman	H. W.

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barch

(Physician [redacted])

Address Boise Idaho

Filed 5/1 19 13 W. J. Parker Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1966

OCT 2 1975

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 305, N. 14th St.

Hospital St. Lukes

Registration District No. 2 File No. 13637

Primary Registration District No. 1004 Registered No. 141

FULL NAME OF CHILD Mildred Louise Thorp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.			yes	APR 18 1913

FATHER	MOTHER
FULL NAME Wm. H. Thorp.	FULL MAIDEN NAME Rose Elma Parrish
RESIDENCE 305 N. 14th St. Boise	RESIDENCE 305 N. 14th St.
COLOR White.	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Linn Co. Or.	BIRTHPLACE Linn Co. Or.
OCCUPATION Real-Estate agent.	OCCUPATION Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) APR 18 1913, at 6-45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robbin S. Gregory, M.D.

(Physician or Midwife)

Address 204 Sonna Block, Boise

Given names added from a supplemental report

....., 19.....

Filed 5/5 19 13 W. S. Parker

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 1 1944

249.220 100-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 401 So 14 St.

Hospital St Lukes

Registration District No 2 File No. 13638

Primary Registration District No. 1004 Registered No. 142

FULL NAME OF CHILD Helma Irene Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	10	Yes	April 23, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J G Smith	Edna Kelley
RESIDENCE	401 So 14	401 So 14th
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY	42 (Years)	39 (Years)
BIRTHPLACE	Ida	Kan
OCCUPATION	Warehouse man	Housework

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Worthey

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address.....

Filed 5/6 19 13

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Registrar

.....
Registrar

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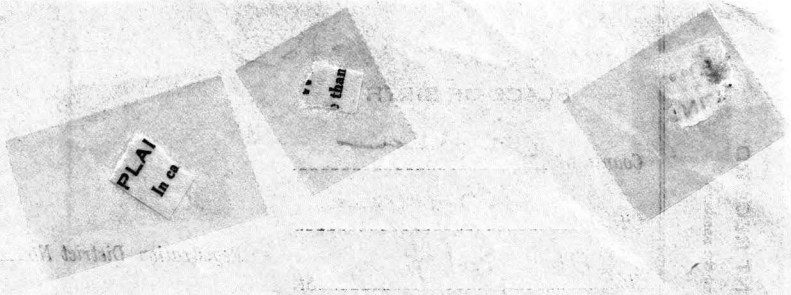
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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 704 Wash. St.

Hospital

Registration District No. 2

File No. 13640

Primary Registration District No. 1004

Registered No. 1614

FULL NAME OF CHILD Earl Frederick William Schaeffer

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Apr 22 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frederick William Schaeffer Jr.	FULL MAIDEN NAME Louise Wagner
RESIDENCE 704 W. Wash	RESIDENCE 704 W Wash. Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Sheet metal foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 5/3 19 13 M. Pemberton

S-Y CO., 16670

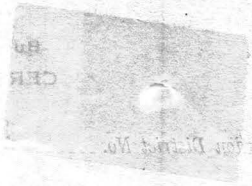
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



218-22-1001-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 13641

No. 908, N. 21½ St.

Primary Registration District No. 1004 Registered No. 145

Hospital

FULL NAME OF CHILD Louise Elizabeth Bayhouse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Jan. 27th, 1913

FATHER	MOTHER
FULL NAME: H. Bayhouse	FULL MAIDEN NAME: Anna S. Kelo
RESIDENCE: 908 N 21st St. Boise	RESIDENCE: 908 No 21st St.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Germany
OCCUPATION: Florist	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M D

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/3 19 13 M. S. P. [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1964

573-226-00-236

PLACE OF BIRTH

Form No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 13642

No. 1812 N. 10th St.

Primary Registration District No. 1004

Registered No. 146

Hospital

FULL NAME OF CHILD Mercedes Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	April 26th, 1913

FATHER		MOTHER	
FULL NAME	L. O. Nichols	FULL MAIDEN NAME	Maude Julia Klostr
RESIDENCE	1812 N. 10th St. Boise	RESIDENCE	1812 N. 10th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/3 19.13 Mrs Parker Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 26 1969

317-22-001-386

PLACE OF BIRTH

Amended 6-4-56

County of Ada

City of Boise

No. 28 & Heron St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13643

Primary Registration District No. 1004 Registered No. 147

FULL NAME OF CHILD IDA GENEVIEVE TIGER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 22 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Vernon Tiger	FULL MAIDEN NAME: Mable Thompson
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Iowa
OCCUPATION: Butcher	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Maleu Callaway

Physician
(Physician or midwife)

Address Boise, Idaho

Filed 5/9/ 1913 M.S. Parker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH [redacted] TISTICS TH

County of Ada

City of Boise

Registration District No. 2

File No. 13643

No. 284 Heron St.

Primary Registration District No. 1004

Registered No. 147

Hospital

FULL NAME OF CHILD Ida Genevieve Legire

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	—	yes	4 / 22 / 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernon Legire	FULL MAIDEN NAME	Mable Thompson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	Hw.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Address Boise Idaho

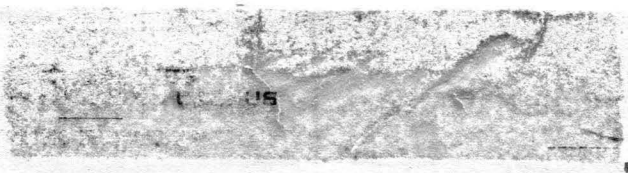
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/9 1913 M. A. Perkins
Registrar

8-Y CO. 20174



JUN 5 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 13643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ida Geneveive Tigre (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License Nov. 17, 1929 Child's birth ceritifcate prepared on Idaho File #13643 Viewed by Vital Statistics (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ida Geneveive Tigre	Ida Genevieve Tiger

Subscribed and sworn to before me this 4th day of
May, 1956

Notary Public, residing at Boise, Idaho
My commission expires June 5, 1960
(Seal)

Signed Mrs Mabel Tigen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1912 E. Franklin Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Affidavit to Correct or Amend An Original Certificate of Birth

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that certain facts on the original certificate of birth for .....

(Name of Person)

who was born on .....

(Date of Birth)

at ..... (City or Town) ..... (County) ..... (State), the following facts are true:

FACTS TO BE CORRECTED

("None," "Birth Date," "Child's Name," etc.)

INSERT

(Correct Information)

The undersigned further states that the information set forth above is true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of .....

.....

Notary Public residing at .....

My commission expires .....

(Seal)

449-11810-281

PLACE OF BIRTH

County of Ada

City of Boise

No. 1911 N. 10 St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13644

Primary Registration District No. I004 Registered No. 1611

FULL NAME OF CHILD Alfred Dair Du Russ

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	4 18 1913

FATHER		MOTHER	
FULL NAME	Harry A Du Russ	FULL MAIDEN NAME	Jennie Sharpe
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ohio.
OCCUPATION	Meat Cutter	OCCUPATION	Hw.

Number of child of this mother, including present birth ....

Number of children of this mother now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 1:48 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Cullenwater

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.... 19....

.... Registrar

Filed 5/9 19 13 M S Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-126 od-317

PLACE OF BIRTH

County of Ada

City of Boise

No. 1317 N. 10 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13645

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Robert Emmett Brothers

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	4 26 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. M. Brothers	Martha Lapinski
RESIDENCE	Boise	Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Iowa	Germany
OCCUPATION	Farmer	Fin.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:54 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) M Allen Overmeyer
Physician
(Physician or midwife)

Address Boise Idaho

Filed 5/4 19 13 M.L. Parker
Registrar

S-Y CO. 20174

682-203-001-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1728 Fairview St.

Hospital

Registration District No. 2 File No. 13646

Primary Registration District No. 1004 Registered No. 150

FULL NAME OF CHILD Winifred Leora West

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	5 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy West	Eliz. Wilcox
RESIDENCE	Boise	Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Calif	Ore
OCCUPATION	Laborer	Hw

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician

(Physician or midwife)

Address

Given names added from a supplemental report

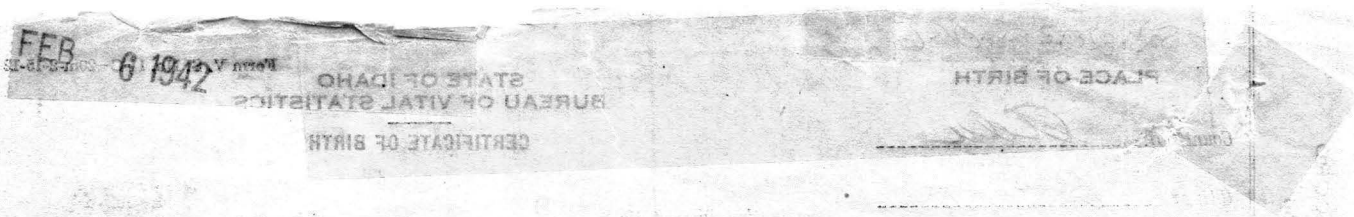
19

Registrar

Filed 5/9 1913

Registrar

8-Y CO. 20174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542-101-001-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1611, Washington

Registration District No. 2 File No. 13847

Primary Registration District No. 1004 Registered No. 151

Hospital

FULL NAME OF CHILD WAYNE DALE NUSBAUM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	May 5th, 1913

FATHER		MOTHER	
FULL NAME	W. W. Nusbaum	FULL MAIDEN NAME	Jessie Westbrook
RESIDENCE	1611 Washington St	RESIDENCE	1611 Washington St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12 19 13 M. L. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO SEP 3 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 13647

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wayne Dale Nusbaum

Subscribed and sworn to before me this 31 ST
day of August 1942
_____
Notary Public, residing at Canoga Park, Calif.
My commission expires 7/3/44
(Seal)

Signed William Walter Nusbaum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
20448 Arminta St. Canoga Park Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 ST
day of August 1942
_____
Notary Public, residing at Canoga Park, Cal.
My commission expires 2/13/44
(Seal)

Signed Vera M. Nusbaum
(Signature of Any Credible Person Other Than Previous Year)
20448 Arminta St., Canoga Park, Calif.
(Street Address, City, State)

SEP 4 1942

SEP 21 1943

MAY 20 1968

MAR 25 1976

76-20-100-852

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 530 So 15 St.

Hospital

Registration District No. 2 File No. 13648

Primary Registration District No. 1004 Registered No. 152

FULL NAME OF CHILD Edith Mae Goff

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.		L.	May 8 1913

FATHER		MOTHER	
FULL NAME	W. M. Goff.	FULL MAIDEN NAME	Stella Hessing.
RESIDENCE	530 So 15.	RESIDENCE	530 S 15
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Clerk.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ellis Brock

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/15/1913 W. O. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 13648

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on May 8, 1913 (Date of Event)
in Boise Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Edith Mae Goff

Subscribed and sworn to before me this 27
day of March, 1942

Notary Public, residing at Boise Ida

My commission expires Dec 23-1942
(Seal)

Signed William E Goff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

69-108-09-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1944 N. 18 St.

Hospital

Registration District No. 2 File No. 13649

Primary Registration District No. 1004 Registered No. 153

FULL NAME OF CHILD ALBERT HOWARD ORR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			L.	May (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Benj Orr.	FULL MAIDEN NAME	Rachael Morris.
RESIDENCE	1944 N 18.	RESIDENCE	1944 N 8.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa.
OCCUPATION	Merchant.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Black

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/15 19 3 M. Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 13649
Date Filed JAN 2 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for no name given (Name on original certificate) who born (Was born or died) on May 8, 1913 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name	Albert Howard Orr

Subscribed and sworn to before me this 30th
day of December, 19 41
Myrna L. Brenner
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed X Levina M. Orr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1938 - N - 17th Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on JAN 2 1942 By
(Registrar's signature)

819-107-00-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 13650

No. 304 Madison Ave. — Primary Registration District No. 1004 — Registered No. 157

Hospital

FULL NAME OF CHILD CHANCE Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	May 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray B. Harris	Clara Smith
RESIDENCE	304 Madison Ave.	304 Madison Ave.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Colo.	Ida.
OCCUPATION	Clerk.	H. W.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Bonick

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/21 19 13 W. [illegible] Registrar

6-Y CO. 20174

DUP OF 1913 - 198744

DEC 2 1941

395-106-09-442

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 804 Ross St.

Registration District No. 2

File No. 13651

Primary Registration District No. 1004

Registered No. 155

Hospital

FULL NAME OF CHILD John Weldon Sink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	May 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Sink.	Barbara Duback
RESIDENCE	804 Ross.	804 Ross.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Iowa.	Mo.
OCCUPATION	Milkman	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauck

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/5 19 13 M. Redman
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/4.105.co.Q7

PLACE OF BIRTH

County of Ada

City of Boise

No. 1910 State St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13652

Primary Registration District No. 1004 Registered No. 156

FULL NAME OF CHILD George Alvin Hammon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	May 5 1913.

FATHER		MOTHER	
FULL NAME	W. M. Hammon.	FULL MAIDEN NAME	Alice Logan
RESIDENCE	1910 State	RESIDENCE	1910 State
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ida.
OCCUPATION	Lumberman	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauer

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/15 1913 M.S. Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

249-103-001-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 13653

No. 1205 Grand Ave. — Primary Registration District No. 1004 — Registered No. 157

Hospital

FULL NAME OF CHILD Richard La Vern Burwell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	May 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernon A. Burwell	Hazel D. Rickey
RESIDENCE	1205 Grand Ave.	1205 Grand Ave.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Iowa.	Iowa.
OCCUPATION	Auto. driver	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck

(Physician or [redacted])

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/15 19..... W. H. Mathews
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

JAN 21 1972

469-202-001-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1007 Wash St.

Registration District No. 2

File No. 13654

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD ~~Aloys~~ Idaho Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			L.	May 2 1913

FATHER		MOTHER	
FULL NAME	Jack R. Morgan	FULL MAIDEN NAME	Rosa F. Breitweg
RESIDENCE	707 Wash	RESIDENCE	1007 Wash
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2.10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buick

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/5 19 13

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 13654

Date Filed 7-7-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Alvis Idaho Morgan (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 2, 1913 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Alvis Idaho Morgan	Gladys Idaho Morgan

Subscribed and sworn to before me this 3rd day of June, 19 42

H. Peterson

Notary Public, residing at Boise, Ida.

My commission expires .....
(SEAL)

Signed Mrs. Rose Morgan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1815 Bannock - Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida. } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June, 19 42

H. Peterson

Notary Public, residing at Boise Ida.

My commission expires My Commission Expires Mar 15, 1944
(SEAL)

Signed John Rouch M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Boise Ida.
(STREET ADDRESS, CITY, STATE)

Attended at birth

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 4 1942

SEP 7 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-22-004-8/2

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 111 E Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13655

Primary Registration District No. 1004 Registered No. 157

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 2 1913

FATHER		MOTHER	
FULL NAME	Norman Wm. Rudd	FULL MAIDEN NAME	Lucinda H. Hopkins
RESIDENCE	111 E. Idaho St.	RESIDENCE	111 E Idaho St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Granby Canada	BIRTHPLACE	Kansas
OCCUPATION	Attorney	OCCUPATION	Mother

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Norman Wm. Rudd

Parent

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

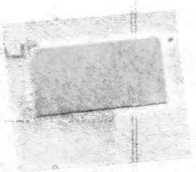
Address .....

Filed 5/15 1913

..... Registrar

S-Y CO. 20175

Registrar



415-21-00-B67

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13656

County of Ada

City of Boise

No. 1-23-Warm Spgs

Registration District No. 2

Primary Registration District No. 1004

Registered No. 160

Hospital

FULL NAME OF CHILD Julia Anne Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Two	yes	9-10-1913

FATHER		MOTHER	
FULL NAME	Edwin H. Davis	FULL MAIDEN NAME	Marcella Torrence
RESIDENCE	1-23-Warm Spgs	RESIDENCE	1-23-Warm Spgs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Boise	BIRTHPLACE	Colo
OCCUPATION	Cattleman	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith (Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

Registrar

Filed 5/16 19 M S Parker Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

342-24-001-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1217 Bannock St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13657

Primary Registration District No. I004 Registered No. 161

FULL NAME OF CHILD EDITH MURIEL CUSHMAN

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3-14-13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James L. Cushman	FULL MAIDEN NAME	Edith Rowley
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Iowa
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Gallyan

Phys Surg

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/16 19 13 M. S. Parker
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Pierce } ss.

Certificate No. 13657

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Muriel Cushman (Name on Original Certificate) who Born (Was Born or Died) on May 14, 1913 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith Muriel	Edith Merle Cushman
From Edith Merle	To Edith Muriel	Incorrect -

Subscribed and sworn to before me this 7th
day of July, 1942
Margaret Fogarty
Notary Public, residing at Tacoma, Wash.
My commission expires Nov. 20, 1946
(Seal)

Signed Louise Cushman Graham
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6801 Ea. D, Tacoma, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 12 1943

APR 23 1945

643-185001-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C [illegible] 8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 2617 W Idaho St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13658

Primary Registration District No. 1004 Registered No. 162

FULL NAME OF CHILD Harlan D. Wiley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Esli Wiley	Rose Dessert
RESIDENCE	2617 W Idaho	2617 W Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Ida	Mo
OCCUPATION	Well Driller	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Lukey

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 5/17/1913 M S Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 25 1944

4632 7100-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 27th & Heron St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13659

Primary Registration District No. 1004 Registered No. 163

FULL NAME OF CHILD Viola Dotson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 17 1913

FATHER		MOTHER	
FULL NAME	Chas F Dotson	FULL MAIDEN NAME	Saphronie Ferguson
RESIDENCE	Boise, Idaho	RESIDENCE	Boise
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Hallmeyer

Physician

(Physician or midwife)

Address Boise, Idaho,

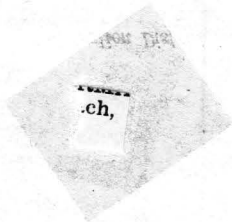
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/19 1913 M Hallmeyer
Registrar

S-Y CO. 20174



97-270 ref-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13660

Primary Registration District No. 1004 Registered No. 164

FULL NAME OF CHILD Ileana Marie Bragunier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr 30 1913

FATHER	MOTHER
FULL NAME William Bragunier	FULL MAIDEN NAME Azubie Bower
RESIDENCE 101 E Jefferson St	RESIDENCE 101 E Jefferson St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Kansas
OCCUPATION Sheepherder	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Springer MD

(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report.

..... 19....

Filed 5/17 1913 M. McParlin

Registrar

S-Y CO. 24655

Registrar

79-126-007-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

City of _____

No. _____ *St.*

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 **File No.** 13661

Primary Registration District No. 1004 **Registered No.** 165

FULL NAME OF CHILD ~~xxxxxxxxxx~~ MELVIN L. Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	single	1	Yes	Apr. 26 1913

FATHER	MOTHER
FULL NAME: Frank Gray	FULL MAIDEN NAME: Elsie Johnson
RESIDENCE: 116 N 17th St	RESIDENCE: 110 N 16th
COLOR: white	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Forester	OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Parker

(Physician or midwife)

Given names added from a supplemental report.

Apr. 26 1913

Address _____

_____ *Registrar*

Filed 5/22 1913 Wm. Parker *Registrar*

5-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 13661

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Melvin L. Gray (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on April 26 1918 (DATE OF EVENT)
in Boise (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH-DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Infant Gray	Melvin L. Gray

Subscribed and sworn to before me this 17th
day of January, 1943

Signed Elsie A. Gray
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise Idaho

My commission expires June 10 1943
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of January, 1943

Signed Frank E. Gray
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Boise Idaho

My commission expires June 10 1943
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 21 1942

597-10 mod-598

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

2

Registration District No. _____ File No. 13662

Primary Registration District No. 1004 Registered No. 166

FULL NAME OF CHILD Vrisar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				No	May 9, 1913

FATHER		MOTHER	
FULL NAME	Antonio Vrisar	FULL MAIDEN NAME	Dominana Erquiaga
RESIDENCE	Jack Creek, Elko Co. Nev.	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Bartender	OCCUPATION	Hwk.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph A Fouts

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 5/21 1913 M. S. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SAMPLE PLANTING WITH LINEDRIVE

2184211001-453

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-25-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 13663

No. ..... St.

Primary Registration District No. 1004

Registered No. 167

Hospital St. Alphonsus

FULL NAME OF CHILD David Record Sayre

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 21, 1913

FATHER		MOTHER	
FULL NAME	David C. Sayre	FULL MAIDEN NAME	Katherine Record
RESIDENCE	Goffey Idaho	RESIDENCE	Goffey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Nebraska
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born dead~~ (Born alive) on the date above stated. May 21, 1913, at 9 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nunemaker

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/22 19 13 Nell Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1942

515-118-09-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1722 E Damonch St. Registration District No 2 File No. 13664

Hospital — Primary Registration District No. 1004 Registered No. 168

FULL NAME OF CHILD Joseph Henry Van Paepeghem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 18 1915

FATHER	MOTHER
FULL NAME Remi J. Van Paepeghem	FULL MAIDEN NAME Marie K. L. Darlinhagen
RESIDENCE 1722 E Damonch	RESIDENCE 1722 E. Damonch
COLOR W	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Belgium	COLOR W
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 19 (Years)
	BIRTHPLACE Ida
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10.25a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Nuckey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/28 19 3

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

962-12-001-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 603 Jeff St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 13665

Primary Registration District No. 1004 Registered No. 167

FULL NAME OF CHILD Girl [redacted] Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		2	yes	5-12-1913

FATHER		MOTHER	
FULL NAME	Peter Robertson	FULL MAIDEN NAME	Vina Hodgins
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Butte Montana	BIRTHPLACE	Kansas
OCCUPATION	Cigar Dealer	OCCUPATION	H. W.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Girl (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) W. S. Tate

(Physician or Midwife)

Address

Filed 5-26-13 M. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAIL IN TRIPLICATE FOR PROMPT HANDLING
WRITE PLAINLY, WITH INK

689-168-00-493

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form S. I.-1-G-Rev-8-20-11

County of Ada

City of Boise

Registration District No. ____ File No. 13666

No. 294 Broadback St.

Primary Registration District No. ____ Registered No. 170

Hospital ____

FULL NAME OF CHILD ORVILLE Richard White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 19, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard M White	Minnie Dittmer
RESIDENCE	294 Broadback	294 Broadback
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	W. / 42
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Contractor	H Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M L Allen MD

(Physician or Midwife)

Address 301 McCarty Bld

Given names added from a supplemental report

....., 19.....

Filed 5/28 1913 M J Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake

Certificate No. 13666

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Orville White (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on May 19-1913 (DATE OF EVENT) in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by [redacted] Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Orval	Orville
date of birth	May 18, 1913	May 19, 1913

Subscribed and sworn to before me this 9 day of March 1926.

Notary Public, residing at Salt Lake City

My commission expires March 6, 1926

(SEAL)

Signed X Minnie White 112 No Main

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

112 No Main

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of March 1926.

Notary Public, residing at Salt Lake City

My commission expires March 6, 1926

(SEAL)

Signed X Marshall Gilman Gutt

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

357 East 4th So Salt Lake City, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 1 8 1942

818421.001-613

PLACE OF BIRTH

Form V. S. No. 11-C—28m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... *St.*

Hospital St. Alphonsus

Registration District No. .....

Primary Registration District No. .....

File No. 13667

Registered No. 17

FULL NAME OF CHILD ~~Hosea Hayman~~ Morris Hayman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 21 1913

FATHER

FULL NAME ~~Hayman~~ Henry Hayman

RESIDENCE Boise

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Russia

OCCUPATION Hide buyer

MOTHER

FULL MAIDEN NAME Celia Filie Wolbert ~~Walfort~~

RESIDENCE Boise

COLOR

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Russia

OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/28 1913 M. L. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 15 1946

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225 [illegible] 2-14

PLACE OF BIRTH

County of Twin Falls

City of Milner

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. B-C-2m-8-10-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13869

Primary Registration District No. 2061 Registered No. ____

FULL NAME OF CHILD Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	4 - 25 1913

FATHER	MOTHER
FULL NAME: J. L. Stevenson	FULL MAIDEN NAME: Della Sautter
RESIDENCE: Milner, Ida.	RESIDENCE: Milner. Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 27	AGE AT LAST BIRTHDAY (Years): 23
BIRTHPLACE: Neb.	BIRTHPLACE: Kansas
OCCUPATION: Section Foreman	OCCUPATION:

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-30 1913 J. Thos. Coughlin Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-8-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No. St.

Registration District No.

Twin
Triplet
or other?
(To be answered)

Sex of Child

FULL NAME

FATHER

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

AGE AT LAST BIRTHDAY (If born)

892-23-0242-857

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ____ St.

Hospital ____

Registration District No. 23 File No. 13670

Primary Registration District No. 2083 Registered No. ____

FULL NAME OF CHILD Hubbard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E. Hubbard	Mary S. Heidenreich
RESIDENCE	Hansen, Ida	Hansen, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	St. Joseph Mich.	Germany
OCCUPATION	U.S.L. Agent	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-16-19 13 John H Creighton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717-211-042-796

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 23 File No. 13671

No. ____ St.

Primary Registration District No. 2083 Registered No. ____

Hospital ____

FULL NAME OF CHILD Edith Grace Gager

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 11 1913

FATHER		MOTHER	
FULL NAME	Roy W. Gager	FULL MAIDEN NAME	Katherine Grohman
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	General Store	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 pm. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed 4-16 1913 John H. Smyth Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-126-042-243

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13672

Primary Registration District No. 2083 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 26 1913

FATHER		MOTHER	
FULL NAME	Roy E. Wiswell	FULL MAIDEN NAME	Emma M. Schneider
RESIDENCE	Hansen Idaho	RESIDENCE	Hansen
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 330 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

....., 19.....

Filed 4-26 1913 John A. Duggan

Registrar

.....

Registrar

S-Y CO. 20174

P. 3 - 3

542-226042-866

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13673

Primary Registration District No. 7085 Registered No. _____

FULL NAME OF CHILD Helen Ruscoe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.			yes	4 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Freeman J. Ruscoe	Edna M. Hawe
RESIDENCE	Twin Falls,	T. F.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	35	22
BIRTHPLACE	Calif.	Ceola
OCCUPATION	Farmer.	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Hawe

Physician

(Physician or midwife)

Twin Falls

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 5-10 1913 John L. Coughlan Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE P
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stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Fresno } ss.

Certificate No. 13673

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ruscoe (Name on Original Certificate) who was born (Was Born or Died) on 4-26-13 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ~~[illegible]~~ (Bible Record, Insurance Policy, Etc.) prepared on ~~May [illegible], 1957~~ (Give Date), are:
Marriage license Twin Falls - March 1935

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) **FROM** (As on Original) School Record - for 1931 in twin falls **TO** (The Correct Facts)
Also, Cert. from School of Nurses - June 4, 1934 viewed by v.s.

Child's Name	Unnamed	Helen Sophia Ruscoe

Subscribed and sworn to before me this 24 th day of May 1957

Notary Public, residing at Fresno, California
My commission expires July 10, 1957
(Seal)

Signed Edna M. Kuhlman - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

811 Ferger Ave, Fresno, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Fresno } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of May 1957

Notary Public, residing at Fresno, Calif.
My commission expires July 10, 1957
(Seal)

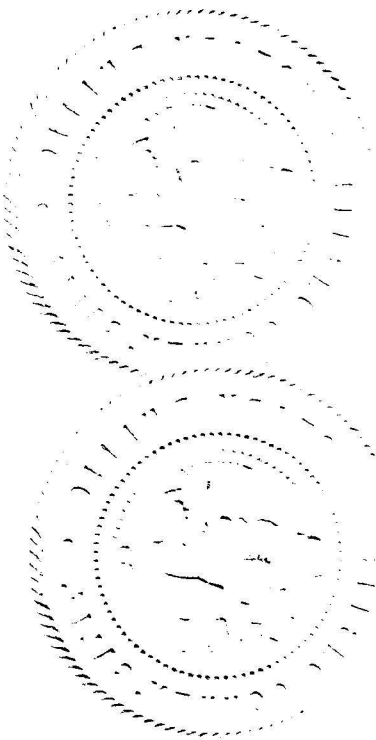
Signed Margaret C. Smith
(Signature of Any Credible Person)

6369 N. Chestnut, Fresno, Calif.
(Street Address, City, State)

FORM DPA 55. 155

NN 4-19-57 1 copy paid

JUL 17 1957



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636/11-042-613

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13674

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Russell Flora

Sex of Child: Male	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: 4 (Month) 11 (Day) 1913 (Year)	

FATHER	MOTHER
FULL NAME: Fred W. Flora	FULL MAIDEN NAME: Maude O Fahrney
RESIDENCE: Twin Falls	RESIDENCE: T. F.
COLOR: White	AGE AT LAST BIRTHDAY: 29 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ida	BIRTHPLACE:
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-15 1913 John L. Coughlan Registrar

8-Y CO. 20174

Form V. S. No. 10-C—30m-2-15-1

166-117-042-219

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital Sheldon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 13675

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Elwood Moomaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		5	yes	April 17 1913

FATHER		MOTHER	
FULL NAME	William A. Moomaw	FULL MAIDEN NAME	Mary E. Karl
RESIDENCE	T. Falls.	RESIDENCE	T. Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive April 17-1913 (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 5-10 19 13 John A. Coughlin Registrar

S-Y CO. 20174

243-220-042-675

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 523 Main Ave E. St.

Hospital

Registration District No. 23 File No. 13676

Primary Registration District No. 7085 Registered No.

FULL NAME OF CHILD Dorathea Buck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr. 20 1913

FATHER	MOTHER
FULL NAME: Charles Buck	FULL MAIDEN NAME: Lilian B. French
RESIDENCE: 523 - Main Ave. E.	RESIDENCE: 523 - Main Ave E.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive April 20 - 1913, at 4 A M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

....19....

Filed 5-10 1913 John H. Coughlin
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1964

253-218-042-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13677

County of Twin Falls

City of Twin Falls.

No. 135-3rd Ave E. St.

Hospital

Registration District No. 23 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Villia Gertrude Kelso

Sex of Child Female | Twin / Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth April 18 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William Albert Kelso	FULL MAIDEN NAME: Gertrude Gordon
RESIDENCE: 135-3rd Ave E.	RESIDENCE: 135 6th Ave E.
COLOR: Negro	COLOR: Negro
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Alabama
OCCUPATION: Janitor	OCCUPATION: House wife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive April 18 1913 (Born alive or stillborn) at 7.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

19

Registrar

Filed 5-10 19 13 Johnth Coughlin

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 13677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on April 18th 1913 (Date of Event) in Twin Falls, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Uncle (Bible Record, Insurance Policy, Etc.) prepared on March 24th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Villia Gertrude Kelso
birthdate	April 18, 1913	April 18th 1913

Subscribed and sworn to before me this 24th day of March, 19 42

Notary Public, residing at Twin Falls, Idaho

My commission expires June 1st 1945

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls, } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 19 42

Notary Public, residing at Twin Falls, Idaho

My commission expires June 1st 1942

(Seal)

Signed [signature] (Signature of Any Credible Person Other Than Previous Year)

Twin Falls, Idaho (Street Address, City, State)

Twin Falls, Idaho

APR 1 1942

599-10-42522

PLACE OF BIRTH

County of Cassia Lalla

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible]

City of Twin Falls Registration District No. 23 File No. 13678

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Anna Margarita Erickson

Sex of Child	~~Twin~~ Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Apr. 10 1913

FATHER	MOTHER
FULL NAME Erik Arvid Erickson	FULL MAIDEN NAME Betty Ekstrom
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive April 10 - 1913, at 11.30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Mid-wife~~)

Address ~~5-10-13~~ Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 5-10 19 13 John H. Coughlan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

713-10-1042-389

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Addison Ave St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13679

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Howard Allen Patrick

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			Yes	April 7 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm A Patrick	FULL MAIDEN NAME	Maud M. Thrapp
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ulysses Neb	BIRTHPLACE	Ulysses Neb
OCCUPATION	Real Estate Dealer	OCCUPATION	Hsf—

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 5-10 19 13 John W. Coughlin

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

NOV 6 1942

295-128042-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 534 3d. Ave E. St.

Registration District No. 23

File No. 13680

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD HAROLD LUTHER Sims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Sims	Fredella Dickerson
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	Black	Black
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Mississippi	Mississippi
OCCUPATION	Janitor	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Wilson M.D

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 1 1913

John F Quigley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Tulare

Certificate No. 13680

Date Filed MAR

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Harland Luther Sims (Name on Original Certificate) who born (Was Born or Died) on April 28th 1913 (Date of Event) in Twinn FAlls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit below (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harland Luther Sims	Harold Luther Sims

Subscribed and sworn to before me this 24th day of March 19 42.

[illegible] Tulare
Notary Public, residing at

My commission expires 6/20/43
(Seal)

Signed James Sims Farther
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Tulare California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tulare

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March 1942, 19 ____.

[illegible]
Notary Public, residing at Tulare California

My commission expires 6/20/43
(Seal)

Signed C. H. Barber
(Signature of Any Credible Person Other Than Previous Year)

Tulare Cal
(Street Address, City, State)

MAR 3 0 1942

[redacted]

JUL 1 5 1965

JUN 1 - 1953

855-126042-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

*No*_____, _____ *St.*

Hospital _____

Registration District No. 23 **File No.** 13682

Primary Registration District No. 2085 **Registered No.**_____

FULL NAME OF CHILD Wilton Aubrey Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	4 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aubrey E. Henderson	Bertha Shaw
RESIDENCE	Twin Falls Ida.	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Maine	Maine
OCCUPATION	Doayman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

(Signature) W. E. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

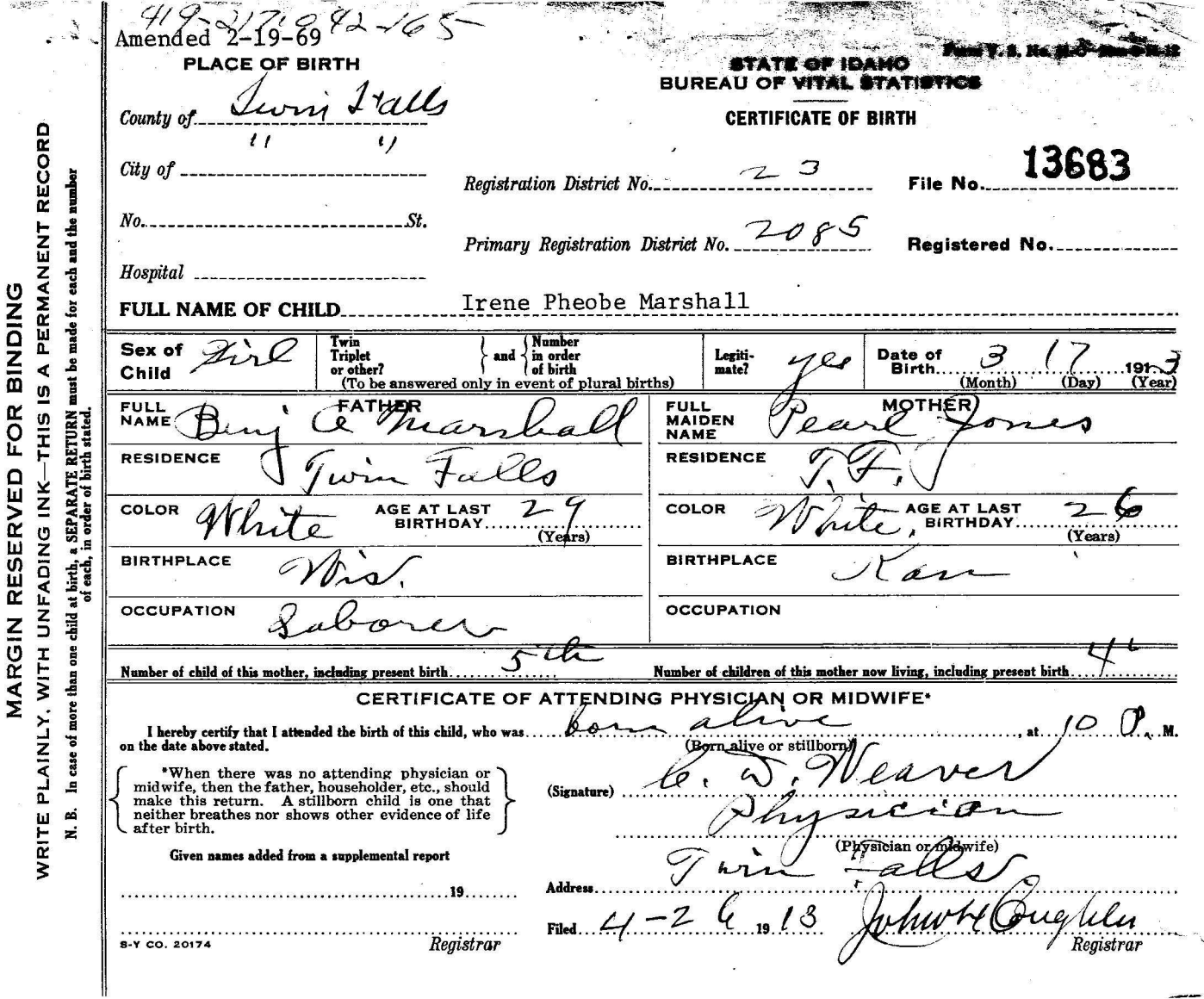
Filed 4-26 1913 John W. Caughlan

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

8/~14



419-21-1942-165

Amended 2-19-69

PLACE OF BIRTH

County of Twin Falls

" "

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13683

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Irene Pheobe Marshall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	3 17 1913

FATHER		MOTHER	
FULL NAME	Benj C Marshall	FULL MAIDEN NAME	Pearl Jones
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis.	BIRTHPLACE	Kan
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) E. W. Weaver

Physician

(Physician or midwife)

Address Twin Falls

Filed 4-26-13 Johnnie Engelen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Recorded 3-19-09

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 2 0 1967
Bur's

State of Washington } ss.
County of Klickitat

Certificate No. 13683

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Marshall (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Primary School record - (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Irene Pheobe Marshall

Subscribed and sworn to before me this 17th day of April, 1957

Ethel Pearson
Notary Public, residing at Trout Lake, Wash.
My commission expires Sept 11, 1960
(Seal)

Signed Mrs Pearl S. Marshall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
2112 Kauffman Ave Vancouver Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of Dec, 1966

Notary Public, residing at Vancouver
My commission expires Oct 19th 1970
(Seal)

Signed Florence M. Clarke
(Signature of Any Credible Person)
408 West 30th Vancouver, Wash.
(Street Address, City, State)

1 - 50¢ paid Aug. 6, 1956 - rec. #13422.

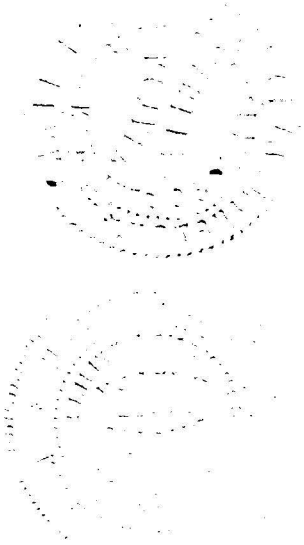
FORM DPH 55.155

FEB 19 1969

Child's birth certificate for Arlene Marie Elmer from the State of Washington gives the mother's name as Irene Phoebe Marshall, age 20, who was born in Idaho - Viewed by V.S.

MAY 30 1975

Certificate of Marriage from the State of Washington gives name as Irene P. Marshall, dated October 17, 1932 - Viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S14-III-012-367

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 13684

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD CHARLES THEON VAUGHN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 11 1913

FATHER		MOTHER	
FULL NAME	Curry V. Vaughn	FULL MAIDEN NAME	Harriet Cox
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 4-26 1913 Edward Engelken Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri . }
County of Lincoln . } ss.

Certificate No. 13684

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Feb. 11, 1913 (Date of Event)
in Twin Falls, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Theon Charles Thecu- Vaughn

Subscribed and sworn to before me this 26 th day of Sept., 1942.
W. C. Kuapp
Notary Public, residing at Elsberry Mo.
My commission expires May 2 1945.
(Seal)

Signed Harriet Vaughn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Elsberry Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri . }
County of Lincoln . } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 th day of September, 1942.
W. C. Knapp
Notary Public, residing at Elsberry Mo.
My commission expires May 2 1945.
(Seal)

Signed Roscoe Vaughn
(Signature of Any Credible Person Other Than Previous Year)
Elsberry Mo.
(Street Address, City, State)

OCT 19 1942

49-1301-2595

PLACE OF BIRTH

County of Twin Falls

City of ---

No. ---St.

Hospital ---

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

For V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13685

Primary Registration District No. 2085 Registered No. ---

FULL NAME OF CHILD Muriel Mae Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1913 (Year)
Girl				Yes	1	13	

FATHER		MOTHER	
FULL NAME	Wm G. Smith	FULL MAIDEN NAME	Mary E. Viney
RESIDENCE	Twin Falls	RESIDENCE	T.F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New Brunswick	BIRTHPLACE	Portland, Me.
OCCUPATION	confectioner	OCCUPATION	

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-26 1913 John W. Coughlin
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1942

MAY 10 1954

DEC 22 1971

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls, Id.
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Muriel Mae Smith

5. Date of Birth (Month, day year) Jan. 13, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Gordon Smith
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace New Brunswick, Canada (City or town) (State or foreign country)
14. Exact Occupation Lumber Laborer
15. Industry or Business Farm Work and Candy Making

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Viney
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Portland Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Stanislaus }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARY E. SMITH, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Muriel Mae Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Weaver (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Smith Signature
P. O. Box 1328, Modesto, Calif. P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1942

(SEAL) Myron Moyle Notary Public, residing at Modesto, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-220-042-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 13686

Primary Registration District No. 2285 Registered No.

FULL NAME OF CHILD Ruth Ann Jenkyn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 20 1913

FATHER		MOTHER	
FULL NAME	Wm A. Jenkyns	FULL MAIDEN NAME	Mayme Corcoran
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-26 1913 John R. Coughlen
Registrar

8-Y CO. 20174

JUL 31 1973

193-225-042-221

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital Twin Falls.

Registration District No. 23 File No. 13687

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 25 1913

FATHER		MOTHER	
FULL NAME	Louis F. Dickson	FULL MAIDEN NAME	Elsie Skarin
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa,	BIRTHPLACE	Sweden,
OCCUPATION	Butcher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Wilson M.D.

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 4-26 1913 John H. Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 8 1967

DECEASED

363-24-0042-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of "

No. 150 Walnut St.

Hospital

Registration District No. 23 File No. 13688

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Charlotte Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph R. Cole	Laura Lavrabee
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	38
BIRTHPLACE	Illinois	Indiana
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-26 19 13 John H. Coughlin
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1953

652-101-042-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of ———

No. ———, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2085

File No. 13689

Registered No. ———

FULL NAME OF CHILD ———

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		2	yes	April 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bedford Z Webb	Cora J. Webb
RESIDENCE	D. Falls	D. Falls
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	25	21 yrs
BIRTHPLACE	Penn	Penn
OCCUPATION	Stone Cutter.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) April 1 1913, at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls

Filed 4-15 19 13 John H. Coughlin Registrar

Given names added from a supplemental report

——— 19 ———

——— Registrar

S-Y CO., 16670

Dupcy 1913 - 346221

57-202:42-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13690

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Mildred Saxon Egan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	yes	April 2, 1913

FATHER		MOTHER	
FULL NAME	Earnest Egan	FULL MAIDEN NAME	Vena Snow
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Norway	BIRTHPLACE	Missouri
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) April 2, at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Moran

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-16 19 13 Edward Coughlan Registrar

S-Y CO., 16670

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 13690
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Egan (Name on Original Certificate) who born (Was Born or Died) on April 2, 1913 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on May 19, 1932 (Give Date), are:
#218521

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) viewed by v.s.	TO (The Correct Facts)
Child's Name	Unnamed	Mildred Saxon Egan

Subscribed and sworn to before me this 16 Th day of February, 1958

Notary Public, residing at Twin Falls, Idaho
My commission expires May 2, 1961
(Seal)

× Signed Ernest Egan.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kimberly, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Polk } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Jan, 1958

Notary Public, residing at Salem
My commission expires June 2, 1960
(Seal)

Signed Vera Ramsey
(Signature of Any Credible Person)

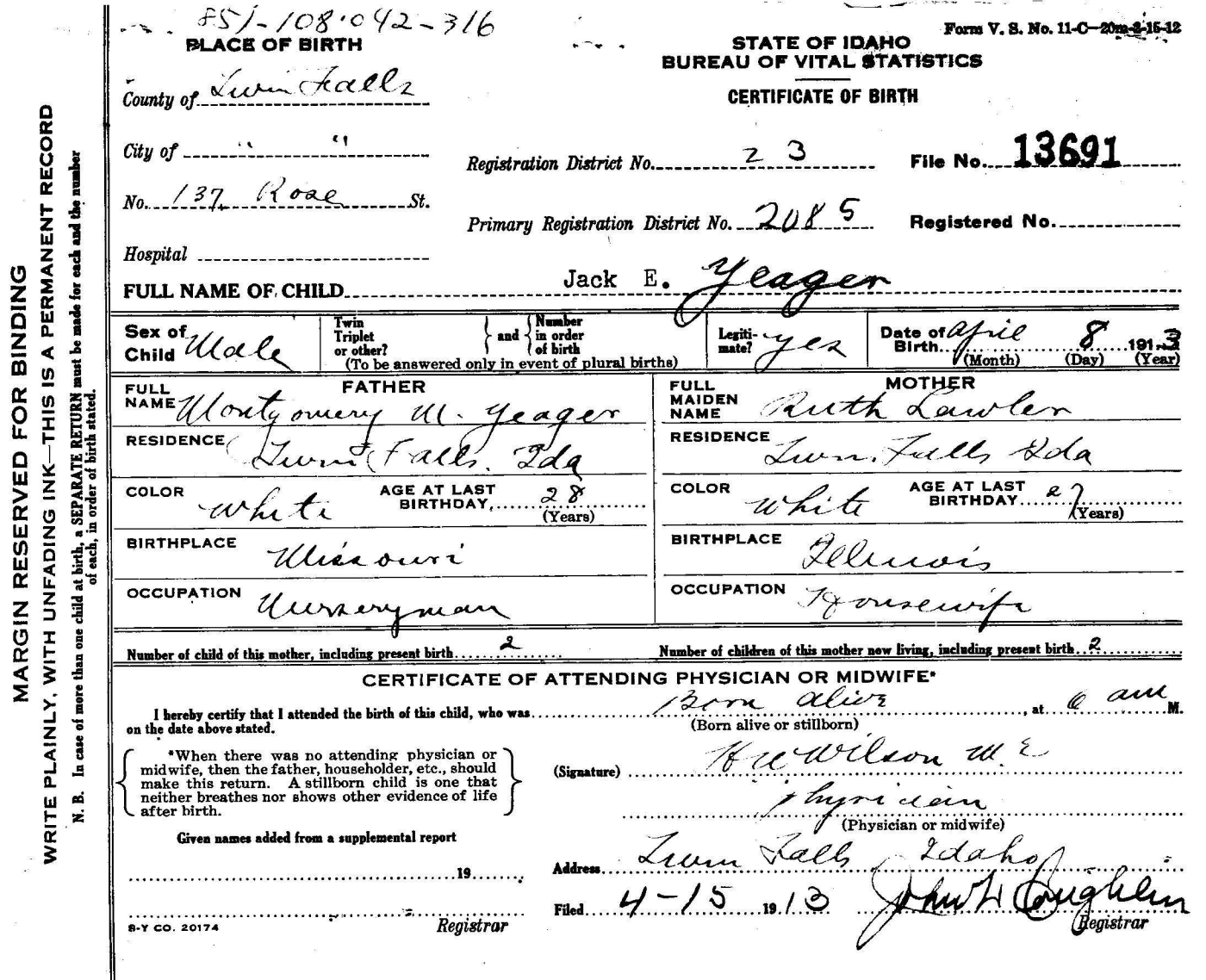
Route 1 Box 307 Independence Oreg.
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-8-58 nm

Copy

FEB 11 1958



851-108-042-316

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 137 Rose St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Forms V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13691

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Jack E. Yeager

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April 8 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Montgomery M. Yeager	FULL MAIDEN NAME Ruth Lawler
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Illinois
OCCUPATION Nurseryman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Wilson M. D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-15 19 13

John H. Coughlen
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Marriage Cert. on file: (Idaho Marriage) #52-19649 gives full name of groom as Jack E. Yeager - viewed by V.S. Own Child's Hospital Birth Certificate, Sacred Heart Hospital, Spokane, Washington, child born Nov. 23, 1941 at 4:25 A.M. to Jack E. Yeager, born April 8, 1913 in Idaho and Doris Elaine Baker, born April 5, 1919 in Washington - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13691

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Yeager (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate - Sons Marriage Licence (Bible Record, Insurance Policy, Etc.) prepared on 11/23/141 6/19/52 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Yeager	Jack ~~Elmont~~ E. Yeager

Subscribed and sworn to before me this 9th day of November, 1962

Notary Public, residing at PORTLAND, OREGON

My commission expires MARCH 6 1966

(Seal)

Signed Margaret A. Yeager
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4235 NE Beech Portland Ore (SISTER)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

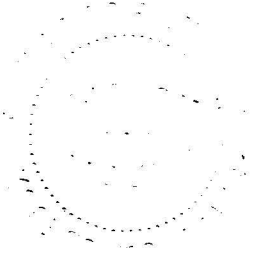
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

NOV 14 1962



265-201-042-246

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 206 Shoshone St.

Hospital St Anns.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13692

Primary Registration District No. 2065 Registered No.

FULL NAME OF CHILD Anna L. Sweeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	April 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Everett M. Sweeley	FULL MAIDEN NAME	Hazel R. Brown
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Spokane Wash
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Worden M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-16-1913 John L. Engleman
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy issued 10/26/40 L. B.

SEP 4 1970

093-16-042-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 — File No. 13693

Primary Registration District No 2085 — Registered No. ____

FULL NAME OF CHILD Chester Henry Willis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse D. Willis	Ruby Propst
RESIDENCE	Twin Falls Ida	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Arizona	Oklahoma
OCCUPATION	Day Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. G. Tipp

Thyra Crain
(Physician or Midwife)

Address Twin Falls Ida.

Filed 4-20-1913 John H. Coughlan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 13693

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Chester Henry Willis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 16, 1913 (DATE OF EVENT) in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Personal Knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 12-7-42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Chester Henry Willis

Subscribed and sworn to before me this 7th day of December, 19 42

Myrna L. Brauner
Notary Public, residing at Boise
My commission expires April 3, 1945
(SEAL)

Signed Mrs E M Willis.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Box 2875, Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 7 1942

38-212-042-613

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 13694

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Dorothy Marie Chaney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 12, 1913

FATHER		MOTHER	
FULL NAME	Bert Chaney	FULL MAIDEN NAME	Mary Watkins
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 19 19 13 John A. Quigley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1968

SEP 21 1968

433/113.042.365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer (Twin Falls)

No. ..... St.

Registration District No. 23 File No. 13695

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Benton McCoy.

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Apr. 13 1913

FATHER		MOTHER	
FULL NAME	Benton A. McCoy.	FULL MAIDEN NAME	Nellie Conrath
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Apr. 13, 1913, at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls

Filed May 10 1913 Jolanda Douglass Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46/108042-394

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 2-3 File No. 13696

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Earl Ralph Dooley, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			April 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Ralph Dooley Sr.	Edith Riddle Bates
RESIDENCE	Filer, Idaho	Filer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Pennsylvania	New York
OCCUPATION	Professor - Filer Schools	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed 4-16 19 13 John H. Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

325/41 L. B.
cc 3/28/41 RMF

86-2

364/22 042-863

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 2087 File No. 13697

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Countryman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	April 22 1913

FATHER		MOTHER	
FULL NAME	Geo Countryman	FULL MAIDEN NAME	Chloe Hollingsworth
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ill.
OCCUPATION	Lineman	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) Chas. W. Chester M.D.

(Physician or midwife)

Address Buhl

Filed 4-25 1913 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 2018

296-111-042-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 2087 — File No. 13698

No. ____ St. — Primary Registration District No. 23. — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ernest Nathaniel Brooks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	October 11 1913

FATHER		MOTHER	
FULL NAME	E. R. Brooks	FULL MAIDEN NAME	Tina Harris
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	rancher	OCCUPATION	housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Wetherbee

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 4-15-1913 J. A. Mumford Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10 24 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of .....

Certificate No. 3698

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Nathaniel Brooks (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1913 (Date of Event) in Twin Falls, County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nathaniel Brooks	Ernest Nathaniel Brooks
City of birth	Omitted	Buhl,
Mothers maiden name	Omitted	Tina Harris

Subscribed and sworn to before me this 24 day of October, 1974

Notary Public, residing at Boise, Idaho

My commission expires 6-16-1977

(Seal)

Signed Elmer B. Brooks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3625 Indian Dr. Boise - Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DN 60-155

OCT 24 1974

Social Security Card # 519-07-2881 date of issue Feb. 13, 1937 gives name as Ernest Nathaniel Brooks.
Viewed by Vs

Own childs birth certificate Sharron Lou Brooks born Sept. 25, 1941 at Idaho Falls, Idaho State File # 322259 gives fathers name as Ernest Nathaniel Brooks born at Buhl, Idaho.
Viewed by VS

Brothers birth certificate Earl Wayne Brooks born Dec. 18, 1941 at Clear Lake, Idaho State file # 3378 gives mothers name as Tina Harris.
Viewed by VS

Mothers death certificate Tina H. Brooks died Nov. 18, 1963 at Twin Falls, Idaho File # 63-5079 gives fathers last name as Harris.
Viewed by VS

Family Record - by family gives name as Ernest Nathaniel Brooks born April 11, 1913 at Clear Lakes, Idaho, mailing address Buhl, Idaho.

Amended March 8, 1973

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13699
Local Reg. No.
Reg. Dist. No. 2087

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: rural Parma

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Luella b. (Middle): Janette c. (Last): Dillon

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 2, 1913 born at 11:30 A.M.

FATHER OF CHILD

7. FULL NAME a. (First) b. (Middle) c. (Last).

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
YEARS			

FOSTER **MOTHER OF CHILD**

12. FULL MAIDEN NAME a. (First): Minnie b. (Middle): Clarabel c. (Last): Hall

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
42 YEARS	Illinois	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Minnie Clarabel Dillon Foster Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. H. Murphy

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Buhl, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: J. H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

MAR 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 13699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Luella Janette Dillon (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by see reverse side (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #4 sex of child	Male	Female

Subscribed and sworn to before me this 8th day of March, 1973

Illenda Mae Gordon

Notary Public, residing at Boise, Idaho

My commission expires Sept. 15, 1976

(Seal)

X Signed Mrs. Jack D. Wolf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2613 So. Liberty Road
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

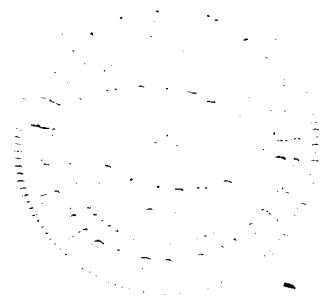
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file Idaho #190089 filed May 8, 1931 gives mother as Luella Janet Dillon (Hull).

MAR 8 1973

Marriage certificate on file #57-8338 to Ray Ross gives bride as Luella Hull (nee Dillon) dated December 4, 1957.



FOSTER

249-204-042-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 2017 File No. 13700

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	4 (Month) 4 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Barney Smith	FULL MAIDEN NAME	Anna Goodnight
RESIDENCE	2E I½S Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Col.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. N. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed 4-10 1913 J. N. Murphy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

54721604254?

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of 6N. Buhl

Registration District No. 2017 File No. 13701

No. ..... St.

Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			No	4 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Elizabeth Edgbert
RESIDENCE		RESIDENCE	6N Buhl
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 4-18 1913 J. T. Murphy

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—June-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of Twin Falls

RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-23:042-299

PLACE OF BIRTH

Twin Falls

County of

IN. ½E Buhl

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2087

Primary Registration District No. 23

File No. 13702

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 23 13

FATHER		MOTHER	
FULL NAME	E. J. Shobe	FULL MAIDEN NAME	Eliza Bridgeman
RESIDENCE	IN ½E Buhl	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ioway	BIRTHPLACE	London Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Shumpley

M. D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

19

Registrar

Filed 4-28 1913

J. Shumpley
Registrar

S-Y CO. 20174

DUP OF 1913- 335179

215-124042-437

[redacted] 6-12

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Twin Falls

County of _____

2N. I½E Buhl

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 2087 **File No.** 13703

Primary Registration District No. 23 **Registered No.** _____

FULL NAME OF CHILD _____

Sex of Child	**Twin Triplet or other?** (To be answered only in event of plural births)	**and** Number in order of birth	**Legitimate?**	**Date of Birth** (Month) (Day) (Year)
Male			yes	4 24 13

	FATHER	**MOTHER**
FULL NAME	W. Savelberg	
FULL MAIDEN NAME		Mary McGovern
RESIDENCE	2N I½E Buhl	same
COLOR	W	white
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Holland	Wis.
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b Born alive (Born alive or stillborn), at 1.30am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) J. T. Mumfley M. D.

(Physician or midwife)

Address Buhl Ida.

Filed 4-28 1913 J. T. Mumfley *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Twin Falls

County of

955.2041042433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 13704

No. ____ St.

Primary Registration District No. 23. Registered No. ____

Hospital ____

FULL NAME OF CHILD MURIEL CHELLA Reeves

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Apr 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Reeves	Myrtle Mae McClelland
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Iowa	Kans.
OCCUPATION	R.R. Mail Clerk	housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician ~~or midwife~~)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 4/25 1913 J. T. Murfley Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 13704

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Muriel Chella Reeves

Subscribed and sworn to before me this 26th day of August, 1942

Lewis A. Barr
Notary Public, residing at Seattle
My commission expires 4/24/1946
(Seal)

Signed Mrs Frank Reeves
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4516-6th N.E., Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of August, 1942

Lewis A. Barr
Notary Public, residing at Seattle
My commission expires Apl 24 - 1946
(Seal)

Signed Roy J. Correa
(Signature of Any Credible Person Other Than Previous Year)

923- ~~Seattle~~ Seneca, Seattle Wash
(Street Address, City, State)

AUG 29 1942

SEP 1 1942

name added 4/15/74

819-108-042-142

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 13705

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Elmer B. Harmon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct. 8 1913

FATHER		MOTHER	
FULL NAME	Chas. S. Harmon	FULL MAIDEN NAME	Effie Ambrose
RESIDENCE	Buhl,	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Ill.	COLOR	white
OCCUPATION	ranches	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Ill.
		OCCUPATION	housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Idaho

Filed 4-10 1913 J. T. Murphy Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 17 C Comm-2-15-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

MAR 2 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 13705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth April 8 1913
(Birth or Death)
for Unnamed Harmon (Male) who was born on April 8, 1974
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elmer B. Harmon

Subscribed and sworn to before me this 12th day of April 1974.

Notary Public, residing at Buhl, Idaho

My commission expires 11/20/76

(Seal)

Signed Parley Harmon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Castleford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/25/74

Marriage license & Certificate, married in Cassia County on December 29, 1967.
Gives Elmer B. Harmon born April 8, 1913 in Buhl, Idaho---Viewed vy VS.

APR 15 1974

Bible record,obviously old, gives Elmer Harmon born April 8, 1913--viewed by VS.

295-111-042-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13706

County of T. D.

City of Burke

Registration District No. 2087

No. ____ St.

Primary Registration District No. 23

Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	4 / 11 / 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Kruse	Emma Havendsen
RESIDENCE	1½ Mi. East Burke	1½ Mi. Burke
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	47	37
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McCluskey M.D.
(Physician or midwife)

Address Burke

Given names added from a supplemental report

19 13

Filed 4-17 19 13

S-Y CO. 20174

Registrar

J. Thornley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1975

555-11510 42-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 13707

No. ____ St.

Primary Registration District No. 23 Registered No. ____

Hospital ____

FULL NAME OF CHILD George Leslie Cuthbert Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	4 15 1913

FATHER		MOTHER	
FULL NAME	G. L. Cuthbert	FULL MAIDEN NAME	Stella McKay
RESIDENCE	Twin & Buhl	RESIDENCE	Twin & Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bangor Me	BIRTHPLACE	Tilmore Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. S. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

....19....

....Registrar

Filed 4-23 1913 J. T. Murphy Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-108042-951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of T. I.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 13708

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	4 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. M. Johnson	Hazel Read.
RESIDENCE	6 W. 1 1/2 S. Buhl	6 W. 1 1/2 S. Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Arkansas Ark.	Clinton Co. N. Y.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl

Filed 4-17 1913 J. T. Murphy
Registrar

..... Registrar

8-Y CO. 20174

AUG 1 1966

PLACE OF BIRTH

County of

87-12

546-223-029-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]CE OF BIRTH

[redacted] No. 11-C—20m-2-15-12

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13709

County of Utah

City of Greene

Registration District No. 15 File No.

No. St.

Primary Registration District No. 2063 Registered No. 160

Hospital

FULL NAME OF CHILD Eldora May Edwards

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			Yes	May 23 1913

	FATHER	MOTHER
FULL NAME	James Edwards	FULL MAIDEN NAME Adelaide McCraskey
RESIDENCE	Greene	RESIDENCE Greene
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Iowa	BIRTHPLACE Idaho
OCCUPATION	Clerk	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Toomey

Greene Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address

Filed June 8 1913 W. N. Thorn Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 13 1942

962-217-074-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13710

Primary Registration District No. 963 Registered No. 159

FULL NAME OF CHILD Ethel Rosenau

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	May 17 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Rosenau	Louise Dreckler
RESIDENCE	Farm	Farm
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Minn	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Rosenau

(Physician or midwife)

Address Genesee

Given names added from a supplemental report

..... 19.....

Filed May 24 1913 W. N. Ohern

Registrar

S-Y CO. 20174

Registrar

544-206-029-259

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Registration District No. 15

File No. 13711

Primary Registration District No. 2563

Registered No. 158

Hospital

FULL NAME OF CHILD Eloise Emmett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	5 6 1913

FATHER		MOTHER	
FULL NAME	Robert Emmett	FULL MAIDEN NAME	Mabel Snider
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Me	BIRTHPLACE	Me
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomey M.D.

(Physician or midwife)

Address Genesee Idaho

Given names added from a supplemental report

..... 19.....

Filed June 5 1913 W. F. Cohen

Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1970

AUG 1 0 1972

291-104-029-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13712

Registration District No. 15 File No. .....

Primary Registration District No. 2063 Registered No. 137

FULL NAME OF CHILD Joseph Henry Drakebill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 4 1913

FATHER		MOTHER	
FULL NAME	Joseph Henry Drakebill	FULL MAIDEN NAME	Carrie Woodley
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Genesee Idaho
OCCUPATION	Grain Dealer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Driscoll

Physician (Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

Filed May 15 1913 W. T. Cheney Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 12 1970

859-115029-812

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13713

County of Custer

City of Grouse

Registration District No. 15 File No.

No. St.

Primary Registration District No. 2063 Registered No. 156

Hospital

FULL NAME OF CHILD Eldon Albert Hungarthur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	5 15 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Albert Hungarthur	Myrtle Washington
RESIDENCE	Grouse	Grouse
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Iowa	Neb
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Grouse Idaho

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed May 20 1913 W. H. Ehrn

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 26 1966

7/15/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 14 10 23 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of NEZ PERCE

Certificate No. 13713

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Heimgartner (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1913 (Date of Event)
in ~~Genesee~~ JULIAETTA (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eldon Albert Heimgartner

Subscribed and sworn to before me this 13 day of SEPT, 19 76

Floyd K. Heimgartner

Notary Public, residing at JULIAETTA

My commission expires 1-16-78

(Seal)

Signed Mystie Heimgartner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 md one copy paid Rec.#18096

NOV 2 1976

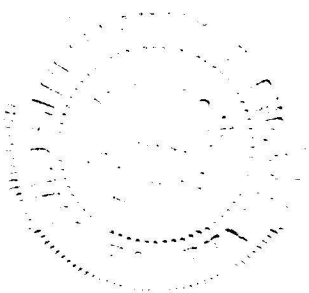
Insurance policy from Olympic National Life Ins. Co. gives nameas Eldon A. Heimgartner.dated Aprl 9, 1947. viewed by V. S.

ELDON

School Census Marshal's Report gives childs nameas Heimgartner and the father's name as Albert Heimgartner. dated Sept. 1923. viewed b y V. S.

Honorable Discharege from the Army Reservie in Idaho giv nameas Private Eldon Heimgartner. dated Octl 16, 1943. viewed by V. S.

Insurance policy from Mutual Life Insurance Co of New York. dated Oct 20, 1941. No. 5,738, 848N. viewed by V. S.



493-114029-243

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13714

Primary Registration District No. 2063 Registered No. 135

FULL NAME OF CHILD Marvin Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	5 14 1913

FATHER		MOTHER	
FULL NAME	Fred G Miller	FULL MAIDEN NAME	Ida Butzin
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Kinney

Genesee Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 28 1913 W. T. Cheney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 22 1959

381-120-029-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Onaway

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2066

File No. 13715

Registered No. 154

FULL NAME OF CHILD Harold Chambers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Carey Chambers	Edla Dora Chambers
RESIDENCE	Potlatch	Potlatch
COLOR	Wh	W
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J S Le Pard MD

(Physician or Midwife)

Address Potlatch Idaho

Filed June 12 1913 D. F. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 9 1975

439-230-009-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Quasqua

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 13716

Primary Registration District No. 2066 Registered No. 153

FULL NAME OF CHILD Dorthy Edna Utz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F M			yes	4	30	1913

FATHER

FULL NAME John Colmore Utz

RESIDENCE Quasqua

COLOR W AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Tennessee

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Anna Louisa Boswell

RESIDENCE Quasqua

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) J. S. LePard M D

(Physician or Midwife)

Address Potlatch Idaho

Filed May 15th 1913 Dr. Jno. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

249-10410 29-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15

Primary Registration District No 2066

File No. 13717

Registered No. 102

FULL NAME OF CHILD Charles Burr Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5 - 4 - 1913

FATHER

FULL NAME	Marshall Smith
RESIDENCE	Potlatch
COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas
OCCUPATION	Laborer

MOTHER

FULL MAIDEN NAME	Clara Christenson
RESIDENCE	Potlatch
COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.
OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. B. LeOard M D

(Physician or Midwife)

Address Potlatch Ida

Filed May 20th 1913 D. W. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 7 1942

275-110-029-619

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5 File No. 13718

Primary Registration District No. 2058. Registered No. 157

FULL NAME OF CHILD Albert. Ronald. Sears.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	✓	✓	yes.	April 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James. Albert. Sears.	Lena. Belle. Farley.
RESIDENCE	Potlatch.	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	33.	35.
BIRTHPLACE	New Canada.	Mich.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth Sixth. Number of children, of this mother, now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D. (Physician or Midwife)

Address Potlatch Latah

Filed June 2nd 1913. Dr. J. W. Thompson Registrar

Given name added from a supplemental report ____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 19 1968

155·126·039-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Onaway

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15.

Primary Registration District No 2066

File No. 13719

Registered No. 150

FULL NAME OF CHILD Clarence Llewelyn Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	5 26 1913

FATHER		MOTHER	
FULL NAME	Clarence Ray Jenson	FULL MAIDEN NAME	Emma Geddes
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LeBard M D

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed June 1 1913

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Dup of 1913-199462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-203-027-666

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13720

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Registration District No. 15 File No. .....

Primary Registration District No. 2068 Registered No. 138

Hospital .....

FULL NAME OF CHILD Dorothy Emma Mainzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes.	May 3 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Mainzer	Laura Woodford
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Minn.	Wis.
OCCUPATION	Laborer	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1009 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. E. Faust

Physician

(Physician or midwife)

Address Deary

Filed 5/3 19 13 W. E. Faust

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-9-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 19 1942

PLACE OF BIRTH

795-128-029-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

15 **CERTIFICATE OF BIRTH**

Registration District No. ~~2068~~ 2068 File No. 13721

Primary Registration District No. ~~2068~~ 2068 Registered No. 139

FULL NAME OF CHILD Albert Burnett Pierce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	i	i	Yes	May 28, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Pierce	Barbara Ramey
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	49	25
BIRTHPLACE	Minn.	Tenn.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Minnie Osborn
midwife
(Physician or midwife)

Address Deary Idaho

Filed 6/3 1913 Wm. Hurst
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-19-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-209-029-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2068~~ 15 File No. 13722

Primary Registration District No. 2068 15 Registered No. 140

FULL NAME OF CHILD Irene Lucile Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F.	"	"	Yes	May 9 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otis Dennis Carpenter	Minnie Wood
RESIDENCE	Deary	Deary
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Iowa	Iowa
OCCUPATION	laborer	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:05 M. on the date above stated.

(Signature) Ple Faust

(Physician or midwife)

Address Deary

Filed 5/11 1913 Ple Faust Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

SEP 1 3 1976

318-120-029-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13725

Primary Registration District No. 2067 Registered No. 129

FULL NAME OF CHILD Harold Eugene Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1st	Yes	Feb. 20th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Edward Taylor	Alice F. Wilkinson
RESIDENCE	Spokane, Wash	Bovill, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Penn.	Missouri
OCCUPATION	Labour	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Will Young

(Physician or Midwife)

Address Bovill, Ida.

Filed June 3rd 1913 Will Young Registrar

S-Y CO., 16670

NOV 17 1941

319-201-024-469

PLACE OF BIRTH

County of Lath

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 13726

Primary Registration District No. 2067 Registered No. 129

FULL NAME OF CHILD OLIVE CATHLEEN (~~Baby~~) Tarbox

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)				May 1st (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin H. Tarbox	Agnes May Morton
RESIDENCE	Boise, Ida.	Boise, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Minnesota	Penn.
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Young

(Physician or Midwife)

Address Boise, Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 10 19 13 Will Young
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9-23-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

OCT 4 1968

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASH } ss.
County of COWLITZ }

Certificate No. 13726

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Tarbox (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1913 (Date of Event)

in Bovill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by OLDER BROTHER (Bible Record, Insurance Policy, Etc.) prepared on SEPT 25, 1968 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Olive Cathleen Tarbox

Subscribed and sworn to before me this 25 day of SEPT, 1968

Notary Public, residing at KELSO WASH

My commission expires Aug 26, 1972

(Seal)

X Signed Walter H Tarbox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

234-24th Ave Longview Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

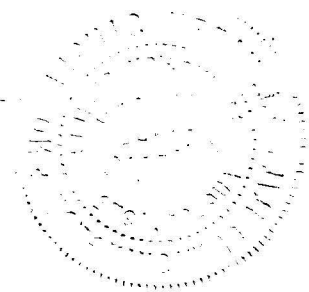
FORM DH 60-155

OCT 4 1968

High School Diploma issued by Bovill High School, Bovill, Idaho gives name as Olive Cathleen Tarbox. Graduated May 15, 1930. R.E. Townsend, Superintendent. Viewed by V.S.

NOV 2 1970

Insurance Policy issued by National Benefit Assn. gives name as Olive Cathleen Tarbox Olson born May 1, 1913. Policy issued May 22, 1935. # E-6221



689-219029-437

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Ellen White

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13727

Primary Registration District No. 2067 Registered No. 130

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single			April 19th 1913

FATHER		MOTHER	
FULL NAME	DeWitt C. White	FULL MAIDEN NAME	Mabel Emelia McGee
RESIDENCE	Bovill, Ida.	RESIDENCE	Bovill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wyoming
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Young (M. D.)

(Physician or ~~Midwife~~)

Address Bovill, Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr 30 1913 Will Young

Registrar

..... Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 4 1971

213-22-0295 53

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Department of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. ..... File No. 13728

No. ....., ... St.

Primary Registration District No. 67 Registered No. 131

Hospital .....

FULL NAME OF CHILD Irene Anna Bales

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Feb 21st, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Bales	Marie M. Nelson
RESIDENCE	Bovill, Ida	Bovill, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	27
BIRTHPLACE	Missouri	North Dakota
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Young

(Physician or Midwife)

Address Bovill, Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 10 1913 Will Young
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

599-129-029-638

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

Registration District No. 15

File No. 13729

Primary Registration District No. 2067

Registered No. 132

FULL NAME OF CHILD Johnny Carl Ernest Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 29th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Erickson	FULL MAIDEN NAME	Charlotta W. Ellson
RESIDENCE	Bovill, Ida.	RESIDENCE	Bovill, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Will Young

(Physician or Midwife)

Address Bovill, Ida.

Filed May 20 1913 Will Young
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 18 1966

JUN 30 1942

315-119-029-384

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13730

Primary Registration District No. 2067 Registered No. 133

FULL NAME OF CHILD Fred Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male				Jan 19th, 1913 (Month, Day, Year)

FATHER		MOTHER	
FULL NAME	Ferdinand Lane	FULL MAIDEN NAME	Bernice Chickering
RESIDENCE	Bovill, Ida.	RESIDENCE	Bovill, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Logging, Supt.	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Young

(Physician or Midwife)

Address Bovill Ida

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 Will Young

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 18 1959

447-108-029-225

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 15 File No. 13734

Primary Registration District No. 2065 Registered No. 141

FULL NAME OF CHILD Logan Leon Durbin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	May (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Logan Durbin	FULL MAIDEN NAME	Bertha Lee Skeen
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	W. V.
OCCUPATION	Shipping clerk - Lumber yard	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 8, 1913, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson, Physician
(Physician or midwife)

Address Troy Idaho

Filed May 9 1913 J. W. Olson
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 19 1943

File No. _____ Registration District No. _____

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? and / Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... , at ..... M.
on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Given names added from a supplemental report

..... 19.....

Address .....

Filed ..... 19..... Registrar

Registrar .....

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

893-2161027-655

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13735

Primary Registration District No. 2065 Registered No. 142

FULL NAME OF CHILD Zula Hilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Norman E Hilton	FULL MAIDEN NAME	Jennie L Weeks
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Va.	COLOR	White
OCCUPATION	Common Laborer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Va.
		OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. May 16 1913 at 8:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 14 1913 J W Olson Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1972

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15-12

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19.. (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
on the date above stated. (Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given name added from a supplemental report .....

19.. Address .....

Filed ..... 19.. Registrar .....

S-Y CO. 2017A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-213 c29-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13736

Primary Registration District No. 2065 Registered No. 143

FULL NAME OF CHILD Elva Ruth Draper

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Ira C Draper	FULL MAIDEN NAME	Clarissa L Parr
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. May 13 1913, at 9 9 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 13 1913 J W Olson

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 19 1942

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin or triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)
		and		

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Address .....

Given names added from a supplemental report

19.....

Registrar .....

Filed ..... 19.....

Registrar .....

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

031-206 029-292

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 13737

Primary Registration District No. 2064 Registered No. 144

FULL NAME OF CHILD Edna May Stanton

Sex of Child Female | Twin / Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Stanton	FULL MAIDEN NAME	Maud Elton Bebb
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Post Office Clerk	AGE AT LAST BIRTHDAY	26 (Years)
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed May 17 1913

J. E. Hoy Registrar

..... Registrar

8-Y CO. 20174

Dup of 1913. DElet - 520

544-115-029-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 13738

Primary Registration District No. 2064 — Registered No. 145

FULL NAME OF CHILD Roy Wallace Emmett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 15 1913

FATHER		MOTHER	
FULL NAME	J Wallace Emmett	FULL MAIDEN NAME	Agnes Gilky
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Kan
OCCUPATION	farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 16 1913

J E Hoyt Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

NOV 27 1963

219-130-022359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Kendrick

*No*_____, _____ *St.*

Hospital _____

Registration District No. 15 **File No.** 13739

Primary Registration District No. 2064 **Registered No.** 146

FULL NAME OF CHILD Leighton Earl Barkwille

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 30 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl K Barkwille	Madie Leighton
RESIDENCE	Kendrick Ida	same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Ohio	Mass.
OCCUPATION	farmer	housewife

[Number of child of this mother, including present birth... One

Number of children, of this mother, now living, including present birth... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 00 M. on the date above stated.

(Born alive or stillborn)

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Address _____

Filed May 31 19 13 J.E. Hoyt *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 13740

Primary Registration District No. 2064 — Registered No. 147

FULL NAME OF CHILD Olga Peirson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	April 26, 1913

FATHER

FULL NAME: Erik Peirson

RESIDENCE: near Kendrick

COLOR: w — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Norway

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Iuri Paulson

RESIDENCE: same

COLOR: w — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Norway

OCCUPATION: Housewife

[Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erik Peirson

Father (Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 7, 1913 J. E. Hoyt
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 15 1943

419-20110-29-264

PLACE OF BIRTH

County of Latah

City of Moscow, Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13741

Primary Registration District No. 1008 Registered No. 137

FULL NAME OF CHILD Eleanor Joy Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	May 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M. Martin	FULL MAIDEN NAME	Helen Konitz
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Farmington, Wash.	BIRTHPLACE	Sprague, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Pa. P. H. C.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 1 1913

..... Registrar

D. F. Rae
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1954

PLACE OF BIRTH

County of Latah

City or Town of Moscow

Registration Dist. No. .....

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 15

Primary Reg. 1908

File No. 13742

Registered No. 125

(No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Unnamed

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	/		/	Yes	May 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Abraham Garfield	Full Maiden Name	Silvie May Agee
Residence	Cora, Idaho	Residence	Cora, Idaho
Color	White	Color	White
Age at last Birthday	42 (Years)	Age at last Birthday	42 (Years)
Birthplace (State or Country)	Oregon	Birthplace (State or Country)	Oregon
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 11 Number of children, this mother, now living 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on May 7 1913, at 4 P.M.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report .....

(Signature) S. M. MacGregor

(Physician or Midwife)

Address Garfield Wash

Filed May 15 1913 S. F. Kerr

Registrar. Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

MAY 3 0 2018

238-123-029-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 13743

Primary Registration District No. 1008

Registered No. 124

FULL NAME OF CHILD Richard Wilbur Schumacher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	May 23 1913

FATHER		MOTHER	
FULL NAME	J. W. Schumacher	FULL MAIDEN NAME	Florence M Green
RESIDENCE	Moscow Ida	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Joseph Asbray MD

(Physician or midwife)

Address Moscow Ida

Filed May 25 19 13 D. J. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1956
FEB 22 1944

418-218-022432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10

File No. 13744

Primary Registration District No. 1008

Registered No. 122

FULL NAME OF CHILD Dorothy Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 18 1913

FATHER		MOTHER	
FULL NAME	E. Oakquist	FULL MAIDEN NAME	Jennie McKeown
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Canada
OCCUPATION	Piano Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7:05 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Guiteau M.D. B.C.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed May 20 1913

S-Y CO. 20174

Registrar

D. F. Rae

Registrar

DEC 19 1941

795 · 202 · 029-599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 811 S. Jefferson St.

Hospital —

Registration District No. 16 — File No. 13745

Primary Registration District No. 1008 — Registered No. 149

FULL NAME OF CHILD Alice Margaret

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	2nd	Yes	June 2, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tony Grendahl	FULL MAIDEN NAME	Lena Lem
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. C. Wiley M. D.

(Physician or Midwife)

Address Moscow, Idaho

Filed June 8 19 13 D. F. Rae
Registrar

S-Y CO., 16670

JAN 22 1968

345 / 1041 / 07 2418

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of

No. , St.

Hospital

Registration District No. 15

Primary Registration District No. 2062

File No. 13746

Registered No. 148

FULL NAME OF CHILD Bernard Philander Lunaas

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male		12	Yes	June 4, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Lunaas	FULL MAIDEN NAME	Martha Dahl
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wiik

M. D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 8, 1913 E. F. Rae

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1942

635-123-029 693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of East Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 13747

Primary Registration District No. 2062 — Registered No. 121

FULL NAME OF CHILD Earl Ernest Fleiger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 23 1913

FATHER		MOTHER	
FULL NAME	A. R. Fleiger	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	East Moscow	RESIDENCE	East Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wisconsin	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Per L. H. C.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 25 19 13

D. F. Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-IIR 029662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 13748

Primary Registration District No. 2062 — Registered No. 123

FULL NAME OF CHILD Joseph Charles Lumpkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	April 7 1913

FATHER	MOTHER
FULL NAME Joseph H Lumpkin	FULL MAIDEN NAME Mildred G. Foster
RESIDENCE Near Moscow	RESIDENCE
COLOR W — AGE AT LAST BIRTHDAY 43 (Years)	COLOR W — AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE N. Carolina	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.
(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 11 1913 D. F. Race Registrar

S-Y CO. 20174

PLACE OF BIRTH Amended May 17, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

749-20-018-749

County of Clearwater

City of Elk River

No. ..... St.

Registration District No. 17 File No. 13749

Hospital ..... Primary Registration District No. 2079 Registered No. 23

FULL NAME OF CHILD IDA GUZZETTI
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 1 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Joe Guzzetti	FULL MAIDEN NAME: Pauline Guzzetti
RESIDENCE: Elk River, Idaho	RESIDENCE: Elk River, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Lumberman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 3:30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Wm. T. Seeley

physician
(Physician or midwife)

Address Elk River, Idaho

Filed June 1 1913 J.M. Fairly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Clearwater } ss.

Certificate No. 13749
Date Filed 5/14/51

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ada Gozzetti (Name on Original Certificate) who born (Was Born or Died) on 7-1-13 (Date of Event)
in Elk River, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on 2-13-13 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ada Gozzetti	Ida Guzzetti
Parents surname	Joe Gozzetti	Joe Guzzetti
	Pauline Gozzetti	Pauline Guzzetti

Subscribed and sworn to before me this 14th day of May, 1951

John W. Radyk
Notary Public, residing at 1406 W. Superior St.
My commission expires June 30, 1951
(Seal)

Signed Joe Guzzetti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois
County of Cook } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1951

John W. Radyk
Notary Public, residing at 1406 W. Superior St.
My commission expires June 30, 1951
(Seal)

Signed Stanley Novak
(Signature of Any Credible Person)

4844 Henderson St.
(Street Address, City, State)
Chicago 13, Illinois

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PL[redacted] H[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latimate

City of Elk River

Registration District No. 17 File No. 13719

No. ____, ____ St.

Primary Registration District No. 2079 Registered No. 23

Hospital ____

FULL NAME OF CHILD Ada Gozzetti

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Jan. 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joe Gozzetti	FULL MAIDEN NAME	Pauline Gozzetti
RESIDENCE	Elk River. Ida.	RESIDENCE	Elk River. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth... 2nd

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 330 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley

Physician

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 1913 J. M. Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MAY 17 [redacted]

962-20.8-018-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Eek River

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13750

Primary Registration District No. 2079 Registered No. 24

FULL NAME OF CHILD Not named Vera Blanche Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 8, 1913

FATHER		MOTHER	
FULL NAME	George Riley Ross	FULL MAIDEN NAME	Lottie Viola Smith
RESIDENCE	Bovill, Ida	RESIDENCE	Bovill, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Princeton, Ida	BIRTHPLACE	Clay Center, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley

Physician (Physician or Midwife)

Address Eek River, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1, 1913 J M Tarbet Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

AUG 1 0 2009

FEB 26 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Snohomish } ss.

Certificate No. 13750

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Veva Blanche Ross (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Veva Blanche Ross

Subscribed and sworn to before me this 24 day of February, 1942

Notary Public, residing at Arlington

My commission expires June 27, 1942
(Seal)

Signed Mrs Lottie Danielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

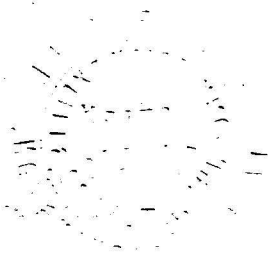
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 9 1942

MAR 13 1942



249-123.018-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13751

Primary Registration District No. 2029 Registered No. 25

FULL NAME OF CHILD Lester Lawrence Smith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		1	Yes	March 23 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoy Smith	FULL MAIDEN NAME	Dorothy Ann Trezona
RESIDENCE	Elk River, Idaho.	RESIDENCE	Elk River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Girard, Kansas	BIRTHPLACE	Aspen, Colo.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth. 2nd

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley M.D.

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 1913 J. M. Fairley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

369-101-018-949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Gilbert

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 13752

Primary Registration District No 2078 Registered No 26

FULL NAME OF CHILD Chas. Ellison Cordell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Madison Cordell	Edna L. Ruvey
RESIDENCE	Gilbert, Ida	Gilbert, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Kans	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Family Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed May 21, 1913 J. M. Family Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 15 1942

645-204-08-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13753

Primary Registration District No. 2078 Registered No. 27

FULL NAME OF CHILD Eva Marie Funkhouser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 4, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adrian Funkhouser	Lily Wilson
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	30
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gainey

Physician (Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed May 4, 1913 J. M. Gainey Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 3 1942

FEB 5 1963

JUL 29 1965

396-215-018-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 13755

Primary Registration District No. 2078 Registered No. 29

FULL NAME OF CHILD Gail Crockett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 15 1913

FATHER		MOTHER	
FULL NAME	Orin Crockett	FULL MAIDEN NAME	Nellie G. Pettman
RESIDENCE	Orofino Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Gainey, Physician

(Physician or Midwife)

Address Orofino, Ida

Filed May 15 1913 J. M. Gainey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 1 0 1942

JUN 2 5 1975

363-215-018-962

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

Registration District No. 17 — File No. 13756

Primary Registration District No. 2078 — Registered No. 30

FULL NAME OF CHILD Evelyn Eleanor Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles F. Cole	Bernice Robertshaw
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	19
BIRTHPLACE	Washington D.C.	Kansas
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarbet

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed May 15 19 13 J. M. Tarbet Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 13756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Cole (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 15, 1913 (DATE OF EVENT)
in Orofino, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Evelyn EleanorCole

Subscribed and sworn to before me this 2
day of June 1942.
Edith H. Church
Notary Public, residing at Boise Idaho
My commission expires May 16-1944
(SEAL)

Signed Mrs Lehas F Cole
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 3 1942

343.118.018-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Orofino, Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 13757

Primary Registration District No 2078 Registered No 31

FULL NAME OF CHILD Edward Henry Lutkoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 18, 1913

FATHER		MOTHER	
FULL NAME	Leo Lutkopp	FULL MAIDEN NAME	Grace Grant
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Wis	BIRTHPLACE	Kans
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Address Orofino Idaho

Given names added from a supplemental report

....., 19.....

Filed May 18, 1913 J. M. Fairly Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-O—10m 8-1-41

DEC 9 1942

265-126-618-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13758

Primary Registration District No. 2078 Registered No. 32

FULL NAME OF CHILD Harold Edward Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. C. Burke	Rosie Gleason
RESIDENCE	Orofino, Idaho	Orofino Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 47	White / 28
BIRTHPLACE	Neb.	Mo.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gandy

Physician

(Physician or Midwife)

Address Orofino Idaho

Given names added from a supplemental report

....., 19.....

Filed May 16, 1913 J. M. Kirby

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

P.C. 1972-2171

NOV 21 1972

257-128-018-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13759

Registered No. 33

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

Registration District No. 17

Primary Registration District No. 2078

FULL NAME OF CHILD Robert Farley Peppel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	May 29, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. F. Peppel	Naomi Farmer
RESIDENCE	Orofino, Idaho	Orofino, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	37 (Years)
BIRTHPLACE	Minn	Iowa
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Farley

Thy Physician (Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed May 28, 1913 J. M. Farley Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUL 25 1972

454-111-01

PLACE OF BIRTH

County of [redacted]

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31 File No. 13760

Primary Registration District No. 21st Registered No. 96

FULL NAME OF CHILD AFTON E. DEUEL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one		Yes	May 11th 1913

FATHER		MOTHER	
FULL NAME	Lewis E. Deuel	FULL MAIDEN NAME	Clara L. Barr
RESIDENCE	Burley	RESIDENCE	Burley
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Hallman

Midwife (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 17 1913 L B Stanley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 2 1942

249-230-016-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 13761

Primary Registration District No. 21st — Registered No. 4697

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	May 30 1913

FATHER	MOTHER
FULL NAME: C. H. Smith	FULL MAIDEN NAME: Lily Stokes
RESIDENCE: Burley 2 da.	RESIDENCE: Burley 2 da.
COLOR: white — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 7 19 13 L. B. Stokes
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797-113-016619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. 13762

Primary Registration District No. 2124 Registered No. 98

FULL NAME OF CHILD Paxton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 13th 1913 (Month) (Day) (Year)

FATHER

FULL NAME J. C. Paxton

RESIDENCE Burley Idaho.

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION confectioner

MOTHER

FULL MAIDEN NAME Dean Wardell

RESIDENCE Burley, Idaho.

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 7 1913 W B Shackelford

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.212.0162-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 13763

Primary Registration District No. 21st Registered No. 98

FULL NAME OF CHILD Opal Barton 9

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 12th 191-3

FATHER		MOTHER	
FULL NAME	J. H. Barton	FULL MAIDEN NAME	Mary Burg
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 7 1913 L. R. Brotherton Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

See 13-340516

912-114-016-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13764

Primary Registration District No. 21 Registered No. 990 / 100

FULL NAME OF CHILD Edwin E Rasmussen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 14th 1913

FATHER		MOTHER	
FULL NAME	C. A. Rasmussen	FULL MAIDEN NAME	Laurinda Larsen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1913 [illegible] Registrar

S-Y CO. 20174

Place 249-108-10/6-692
OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13765

Primary Registration District No. 212 Registered No. 100 / 101

FULL NAME OF CHILD HENRY RAWLIN Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			yes	May 8th (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Fred W. Smith	FULL MAIDEN NAME Mabel E. Frahm
RESIDENCE Burley, Ida.	RESIDENCE Burley, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1913 W. B. Chamberlain Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi

OCT 15 1941

Certificate No. 13765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed Smith (Name on original certificate) who was born on May 8 1913 (Was born or died) (Date of event)
in Dist, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family (Bible record, insurance policy, etc.) prepared on 5-8-13 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smith	Henry Rawlin Smith

Subscribed and sworn to before me this 14 day of October, 1941

Henry W. Bucher
Notary Public, residing at Burley, Idaho

My commission expires
[SEAL]

Signed Fredrica Williams Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

119-206-616-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13766

Primary Registration District No. 2121 Registered No. 107

FULL NAME OF CHILD Myra Marshall 102

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 6th 1913

FATHER	MOTHER
FULL NAME W. F. Marshall	FULL MAIDEN NAME Florrie Chapman
RESIDENCE Burley, Idaho.	RESIDENCE Burley, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Registrar

Filed June 7 1913 L. B. Stockslager

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-18 Vol. 6-262

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13767

Primary Registration District No. 7124 Registered No. 103

FULL NAME OF CHILD Glenn Ellis Kaggie

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 5th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Kaggie	FULL MAIDEN NAME	Myrtle Bosa
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1913 L. B. Stockslager Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

632-116-016259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13768

Primary Registration District No. 2121 Registered No. 104

104

FULL NAME OF CHILD Rose B. Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 16th 1913

FATHER	MOTHER
FULL NAME E. G. Olson	FULL MAIDEN NAME Ruby Bennion
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Nevada
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 7 19 13 L. B. Stockdale Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-12A1016-575

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 2/3/75

PLACE OF BIRTH

County of Cassia

City of Albion

No. ____ St.

Hospital ____

Registration District No. 31

File No. 13769

Primary Registration District No. 2126

Registered No. 102

FULL NAME OF CHILD Clifford Woodrow Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month, Day, Year)
Male	X	X	Yes	May 22, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Burke	Emily Van Leuven
RESIDENCE	Albion Idaho	Albion
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1230 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stonebraker

(Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 28 1913 L B Stonebraker

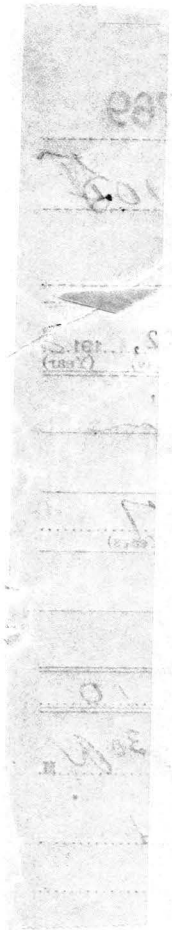
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DECEASED

6-29-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 29 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13769

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barker (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1913 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Clifford Woodrow Barker

Subscribed and sworn to before me this 29th day of June, 1970

Florence Cartright

Notary Public, residing at Burns

My commission expires 4-20-74

(Seal)

Signed Ada Barker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kuna, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

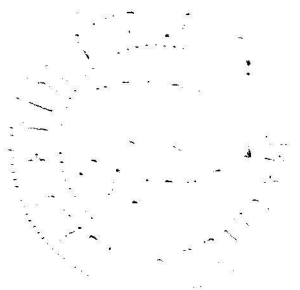
.....
(Street Address, City, State)

FORM DH 60-155

JUN 2 9 1970

Credit Card from Montgomery Ward reissued Oct. 2, 1965, # 1503 gives name as Clifford Woodrow Barker.
Viewed by V.S.

Own childs birth certificate on file - Idaho #380812 gives name as Ellis Clifford Barker. Child born Oct. 7, 1943 in Boise, Idaho.
Viewed by V.S.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1 31 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 3 2 42 PM '75

State of Idaho } ss.
County of

Certificate No. 13769

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clifford Woodrow Barker (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1913 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	May 28, 1913	May 22, 1913

Subscribed and sworn to before me this 31 day of January, 1975

"Sue" Nora Lowe

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Ada Barker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Family Bible - Obviously Old, by the family gives Clifford Woodrow Barker born May 22, 1913 parents William Barker, & Emily Van Leuvan.
Viewed by VS

Certificateof Baptism, LDS Church - Clifford Woodrow Barker born May 22, 1913 at Albion, Idaho. , Baptized July 21, 1923 by William Floyd Knight, signed by C. S. Wood, Bishop.
Viewed by VS

FEB 3 1975

793 · 21 · 016-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ____ St.

Hospital ____

Registration District No. 31 File No. 13770

Primary Registration District No. 2135 Registered No. 106

FULL NAME OF CHILD Ethel Mae Giles Gruber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	X	X	Yes	June 16 1913

FATHER	MOTHER
FULL NAME Joseph H. Giles Gruber	FULL MAIDEN NAME Mary Ellen Short
RESIDENCE Albion Idaho	RESIDENCE Albion
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stanbridge M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 14 1913 L B Stanbridge

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Cassia

Oakley

546-110-16962 St[redacted]VELFARE
STICS
RTH

State File No. 13771

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Jerome Edwards

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth June 10, 1913 (Month, Day, Year)

FATHER

9. Full name: Wilbur C. Edwards

10. Residence (usual place of abode) (If non-resident, give place and State): Oakley, Idaho

11. Color or race: Wh | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Cleveland, Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Implement Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Effie Roberts

19. Residence (usual place of abode) (If non-resident, give place and State): Oakley, Idaho

20. Color or race: Wh | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Lake City, Florida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:20 A.M. (Born Alive or Stillborn) on the date above stated.

(Signed) E. P. Oldham, M.D.

or ....., Midwife

Address Oakley, Idaho

Filed June 10, 1913 193.. L. B. Stockslager, Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-202-016-667

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13772

Primary Registration District No. 2126 Registered No. 102

FULL NAME OF CHILD Thelma Martindale

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	6 - 2 - 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Henry Martindale	FULL MAIDEN NAME	Celea Workman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Holohan M.D

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 L B Stanley Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 5 1971

168-101-016 862

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13773

Primary Registration District No. 2176 Registered No. 109

FULL NAME OF CHILD Johanson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	Dec. 1 1913

FATHER		MOTHER	
FULL NAME	Alva Johanson	FULL MAIDEN NAME	Evelyn Hokanson
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Polo Hanson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1914 B Stinchfield

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

433-12-0016-294

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13774

Primary Registration District No. 2126 Registered No. 169

FULL NAME OF CHILD Madaus

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	5 24 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank McLaws	FULL MAIDEN NAME	Alice Kidd
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Planter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-38-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 L B Stookey

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-21-016-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13775

Primary Registration District No. 3126 Registered No. 116

FULL NAME OF CHILD Severe Merlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	5-12-1913

FATHER		MOTHER	
FULL NAME	William Severe	FULL MAIDEN NAME	Lillian Briggs
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:35 P. M. on the date above stated.

(Signature) E. S. Chadwick

(Physician or midwife)

Address Oakley Idaho

Filed June 10 1913 L. B. Stoneberger Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 Whole 755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13776

Primary Registration District No. 2126 Registered No. 116

FULL NAME OF CHILD HAROLD OLDHAM Martindale

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	X		X	yes	5-11-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Martindale	FULL MAIDEN NAME	Ida Lee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1913 L. B. Buckley Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 13776

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Martindale (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1943 (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harold Oldham Martindale

Subscribed and sworn to before me this 29th
day of April, 1943

Henry W. Luker
Notary Public, residing at Burley Idaho

My commission expires June 1, 1942.
(Seal)

Signed Ida Gee Martindale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of April, 1943

Henry W. Luker
Notary Public, residing at Burley, Idaho

My commission expires June 1, 1942.
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho
(Street Address, City, State)

APR 30 1943

MAY 1 1942

JUN 17 1976

613-111-016 415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 13777

Primary Registration District No. 2126 Registered No. 113

FULL NAME OF CHILD Arwyn Wm. Walker

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	5-11-13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David W. Walker	FULL MAIDEN NAME	Jenet Manus
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Morland	BIRTHPLACE	Louisiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 12P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Reld Hawkins

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 L B Hendricks

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 28, 1940. F.W.

695-21-0162-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Marshfield

Registration District No. 31 File No. 13778

No. ____, ____ St.

Primary Registration District No. 2124 Registered No. 114

Hospital

FULL NAME OF CHILD Rose Arlene Wiess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	5 — 18 — 1918

FATHER		MOTHER	
FULL NAME	Floyd L. Wiess	FULL MAIDEN NAME	Anne Linder
RESIDENCE	Marshfield	RESIDENCE	Marshfield
COLOR	W	AGE AT LAST BIRTHDAY	24 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Strong M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6-11 19 13 L. B. Stockberger

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

Registrar

AUG 27 19

743-21-1066 849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Marshfield

Registration District No. 31 File No. 13779

No. ____, ____ St.

Primary Registration District No. 21 Registered No. 110

Hospital

FULL NAME OF CHILD Lilly Coralayn Guthrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	5 — 18 — 1913

FATHER	MOTHER
FULL NAME Earl Guthrie	FULL MAIDEN NAME Ada Quinn
RESIDENCE Marshfield	RESIDENCE Marshfield
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. J. Story

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-11-13 L. B. Sanderson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

C.C.
9/25/40

DECEASED

391-1291016-653

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Registration District No. 31 File No. 13780

Primary Registration District No. 3121 Registered No. 116

Hospital ____

FULL NAME OF CHILD Vernon John Craner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			no	May 29, 1913

FATHER		MOTHER	
FULL NAME	John Craner	FULL MAIDEN NAME	Laureta Wells
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6-11 19 13 L. B. Strickler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 6 1 36 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Craner (male) (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vernon John Craner

Subscribed and sworn to before me this 26 day of August, 1974

Don Tabor

Notary Public, residing at Burley Idaho

My commission expires 3-13-78

(Seal)

Signed Sister Lena Mae Craner Ritchie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2 Bouck Road Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CASSIA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of August, 1974

Don Tabor

Notary Public, residing at Burley IDAHO

My commission expires 3-13-78

(Seal)

Signed Ray G. Mitchell
(Signature of Any Credible Person)

R#2 Burley Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8/21/74

Marriage certificate lists grooms name as Vernon John Craner married to Marvel RuthWood on November 24, 1933. George F. Richards, An Elder of the L.D.S.Chur c h.
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Vernon John Craner son of John T. Craner and Loretta Wells born May 29, 1913 at Burley, Idaho and Baptized June 9, 1921 by John Craner, Elder. L.D.S.Church
Viewed by V.S.

SEP 6 1974

299-21-01-6519

PLACE OF BIRTH

County of Cassia

City of Albion

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13781

Primary Registration District No. 21st Registered No. 117

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	May 17, 1913

FATHER	MOTHER
FULL NAME: Jno. T. Burns	FULL MAIDEN NAME: Hannah Jane Harper
RESIDENCE: Albion Idaho	RESIDENCE: Albion Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 45' A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Deans (Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

....., 19.....

Filed 6-11 19 13 D B Stackhouse Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

543-22-5007 643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

Amended 5-17-79

City of Arco

No ____, ____ St.

Hospital Arco

Registration District No 21 File No. 13782

Primary Registration District No. 2074 Registered No. 50

FULL NAME OF CHILD LAURENE Nichols

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			Yes	June 25 1913

FATHER		MOTHER	
FULL NAME	Alfred Wilson Nichols	FULL MAIDEN NAME	Elizabeth Molloy Wilcox
RESIDENCE	Arco R.D. # 1	RESIDENCE	Arco R.D. # 1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary E. Brown

Mid wife
(Physician or Midwife)

Address Arco Ida

Filed June 1, 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Dupof 1913-350252

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Butte } ss.

Certificate No. 13782
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Loreen Nickles (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 25, 1913 (Date of Event)

in Arco, Idaho (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Loreen Nickles	Laurene Nichols
father's name	Alferd W. Nickles	Alfred Wilson Nichols
mother's name	Lizzie M. Wilcox	Elizabeth Molloy Wilcox

Subscribed and sworn to before me this 7 day of May, 1979

Notary Public Judith R. Daley
Residing at Arco, Idaho
My commission expires Lifetime
(Seal)

Reva W. Walker
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Butte } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of May, 1979

Notary Public Judith R. Daley
Residing at Arco, Idaho
My commission expires Lifetime
(Seal)

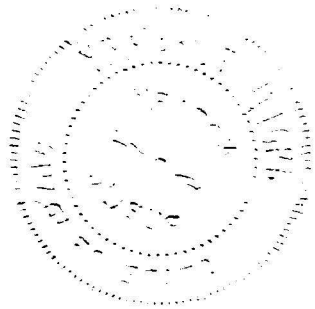
Edwin Walker
Supporting Signature

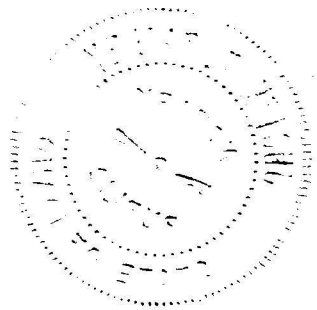
Street Address, City, State

GL 5/4/79 nm

Family record shows name name as Laurene Nichols born 4-25-1913 in Arco, to Elizabeth Molley Wilcox and Alfred Wilson Nichols. Notorized copy issued 4-23-79. Original issued 1953.
Viewed by V.S.

Church record dated mar 12. 1979, issued by. Moore Genealogy Ward at Arco, Idaho. Taken from Film # 7300 Early Arco Ward Records 1912-1919, give name as Laurene Nichols born 4-25-1913 in Arco. Blessed 7-6-1913 in L.D.S. Church
Viewed by V.S.





468-212-007-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

City of Carey

No ____, ____ St.

Hospital Ranch

Registration District No. 21 — File No. 13783

Primary Registration District No. 2074 — Registered No. 51

FULL NAME OF CHILD Lowell Troy Thrasher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 12, 1913

FATHER

FULL NAME	Adolph W. Thrasher
RESIDENCE	Near Idaho
COLOR	white
AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Lillian G. Forson
RESIDENCE	Near Idaho.
COLOR	white
AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah
OCCUPATION	housewife

†Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*,

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irene E. Brown

Midwife (Physician or Midwife)

Address Arco Ida

Filed June 1 19 13 Robert O. Hughes Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MAY 7 1951

152-220-007 314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13785

Primary Registration District No. 2022 Registered No. 53

FULL NAME OF CHILD Jessie May Aukema

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Apr. 20 1913

FATHER		MOTHER	
FULL NAME	Mark W. Aukema	FULL MAIDEN NAME	Jessie Campbell
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Holland	BIRTHPLACE	Idaho
OCCUPATION	Druggist	OCCUPATION	H.W.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Kleinman M. D.

(Physician or midwife)

Address Hailey Ida

Filed June 1 19 13

Given names added from a supplemental report

..... 19.....

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1947

366-228-007-363

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Cricheton

No. ____, ____ St.

Registration District No. 21 File No. 13786

Primary Registration District No. 2023 Registered No. 54

Hospital ____

FULL NAME OF CHILD Virginia Cook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5 - 28 - 1913

FATHER		MOTHER	
FULL NAME	Frank Cook	FULL MAIDEN NAME	Fountain Cochran
RESIDENCE	Crichton Ida	RESIDENCE	Crichton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	West Va,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-28-1913, at 2a, M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. Wm. O. Higgs

Physician

(Physician or Midwife)

Address Soldier Ida

Filed June 5 19 13 Robert H. Hughes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C (Rev. 6-59-1)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

368-23-00734 9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 2 File No. 13787

Primary Registration District No. 2023 Registered No. 55

FULL NAME OF CHILD Margaret Arabella

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5 31 1913

FATHER		MOTHER	
FULL NAME	Elmer Cay	FULL MAIDEN NAME	Mary Curtiss
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Farmer Neb	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-31-1913, at 6 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Griggs

Physician (Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed June 5 19 13 Robert H. Scroggie

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 24 1947

693.2201007267

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 1-1-51

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 13788

Primary Registration District No. 2022 Registered No. 96

FULL NAME OF CHILD Lavone Gertrude Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 20, 1913

FATHER		MOTHER	
FULL NAME	Floyd W. Wilson	FULL MAIDEN NAME	Mary E. Boggs
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Hailey Ida
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed May 25 1913 Robert H. Smith

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1969

253-224-028-855

PLACE OF BIRTH

County of Kootenai

City of Hauser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17

Primary Registration District No. 2051

File No. 13789

Registered No. 420

FULL NAME OF CHILD Clara Clarissa Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F			Yes	May 24 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Peter L. Beck	FULL MAIDEN NAME Eva Ellen Henry
RESIDENCE Hauser	RESIDENCE Hauser
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Brennan M D

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

Filed 6/10 1913 L D Brennan

..... Registrar

Registrar

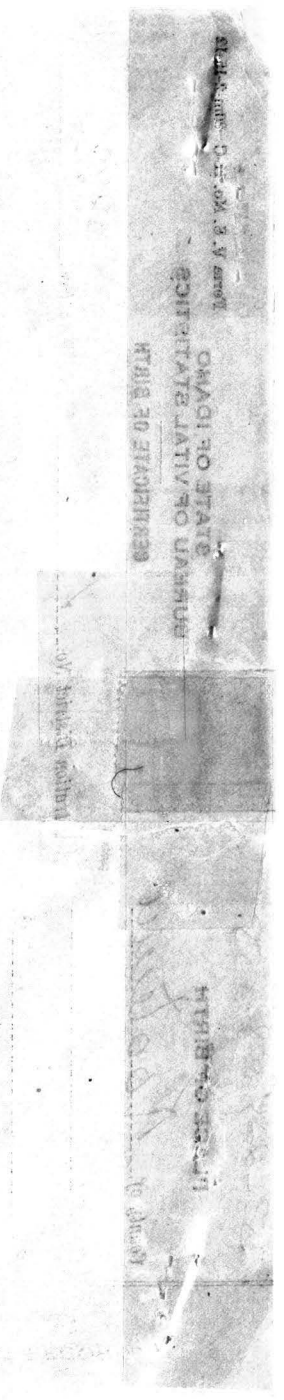
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Affidavit being returned.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No. 13789
Date Filed June 10, 1913
OCT 30 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Clairia Christina Beck (Name on original certificate) who was born (Was born or died) on May 24, 1913 (Date of event)
in Hauser (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge of parent (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Clairia Christina Beck	Clara Christina Beck
Name of mother	Clara Henry	Ora Ellen Henry
Father's age	42 years old	36 years old
Mother's age	22 (?) years old	26 years old

Subscribed and sworn to before me this 18
day of Sept., 1941
Jas. A. Foster
Notary Public, residing at Clerk of the District Court Ex-Officio Auditor and Recorder
My commission expires
[SEAL]

Signed Mrs. Peter Beck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Post Falls Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Kootenai }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of Sept., 1941
Jas. A. Foster
Notary Public, residing at District C...
My commission expires Ex-Officio Auditor and Re...
[SEAL]

Signed Peter L. Beck
(Signature of any credible person other than the previous affiant)
Post Falls Ida
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

APR 27 1943

819-225-028-819

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 12

File No. 13793

No. ..... , ... St.

Primary Registration District No. 1003

Registered No. 406

Hospital .....

FULL NAME OF CHILD Roxey Antionette Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	one	yes	April 25th, 1913

FATHER	MOTHER
FULL NAME Hugh C Harris	FULL MAIDEN NAME Fannie F Harris
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Independence Kansas	BIRTHPLACE New York
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... , 19.....

..... Registrar

(Signature) W H Holden

Physician

(Physician or Midwife)

Address Coeur d Alene Idaho

Filed 6/10 19.19 L L Sweeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 5 1942

455-230-028-458

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene — Registration District No. 12 — File No. 13794

No. ____ St. — Primary Registration District No. 1253 — Registered No. 407

Hospital ____

FULL NAME OF CHILD Laura Mary Ims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		I	Yes	4 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Augustus Ims	Laura Romelda Meyer
RESIDENCE	Coeur d' Alene Ida.	
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Regina Canada	Minn
OCCUPATION	Immigrant	H.W.

Number of child of this mother, including present birth I — Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd

Physician (Physician or midwife)

Address Coeur d' Alene Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/10 1913 J. H. Shepherd
Sub-Registrar

S-Y CO. 20174

A D Freeman

386-115-028-000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... *St.*

Hospital .....

Registration District No. 14 **File No.** 13795

Primary Registration District No. 1003 **Registered No.** 412

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			yes.	May 13— 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Thompson	
RESIDENCE	Coeur d'alene.	
COLOR	W	
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Nova Scotia	
OCCUPATION	Farmer.	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed 6/10 1913 S. D. Freeman *Registrar*

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O-20m-9-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249-22-528-000

PLACE OF BIRTH Amended 10-12-56

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hayden Lake Registration District No. 12 File No. 13796

No. ____ St.

Primary Registration District No. 1003 Registered No. 415

Hospital ____

FULL NAME OF CHILD MARGARET LOUISE SMITH

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth May 31 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Thomas L Smith	FULL MAIDEN NAME
RESIDENCE Hayden Lake	RESIDENCE
COLOR White	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Kansas	COLOR
OCCUPATION Farmer	AGE AT LAST BIRTHDAY (Years)
	BIRTHPLACE
	OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 6/10 19 13 D D Drummond Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 (Rev. 2-1-52)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RECEIVED
OCT 12 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of South Carolina
County of Charleston S.C. ss.

Certificate No. 13796
Date Filed Sept. 22nd 1956

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1913 (Date of Event)
in Hayden Lake (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 24, 1956 (Give Date), are:
Insurance Policy Feb. 16, 1940 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Margaret Louise Smith

Subscribed and sworn to before me this 22nd day of Sept, 1956

Signed Thos L. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Charleston S.C.
My commission expires Pleasure of Gov.
(Seal)

2A Ben Tillman
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of South Carolina
County of Charleston S.C. ss.

Chas Hghts S.C.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of Sept, 1956

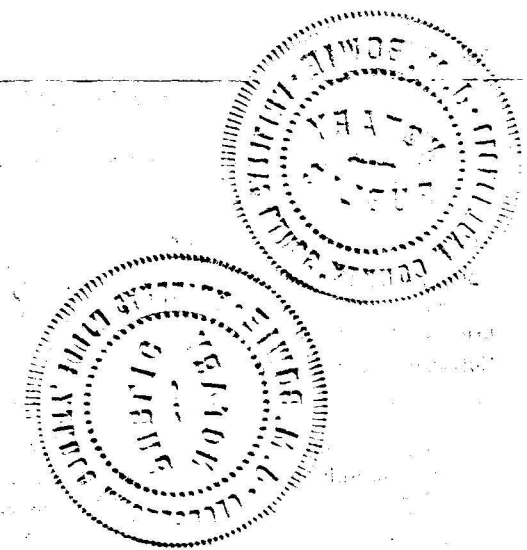
Signed Robert J Smith
(Signature of Any Credible Person)

Notary Public, residing at Charleston S.C.
My commission expires Pleasure of Gov.
(Seal)

R4 Georgetown S.C.
(Street Address, City, State)

FORM DPH 55. 155

OCT 12 1956



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-12-1023-616

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene Registration District No. 14 File No. 13797

No. ____ St. Primary Registration District No. 1023 Registered No. 416

Hospital ____

FULL NAME OF CHILD James Berkley McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		I	Y	5 21 1913

FATHER		MOTHER	
FULL NAME	William L. McBride	FULL MAIDEN NAME	Cora A' Rourke
RESIDENCE	Coeur d' Alene Ida	RESIDENCE	Coeur d' Alene Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wy.	BIRTHPLACE	Wis.
OCCUPATION	Fireman	OCCUPATION	H.W.

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hurd Shepherd

Physician* (Physician or midwife)

Address Coeur d' Alene Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 6/10 1913 J. H. Shepherd Registrar

S-Y CO. 20174

D. O'Sullivan

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13799
Local Reg. No. 408
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 801 Birch

3. CHILD'S NAME *(Type or print)*

a. (First): Irene b. (Middle): W. c. (Last): Nelson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 10, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): W. c. (Last): Nelson

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Pennsylvania

10. USUAL OCCUPATION: Logger

11. KIND OF BUSINESS OR INDUSTRY: Woodsman

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): C. c. (Last): Holshouser

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. May C. Nelson Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John H. Shephard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: June 10,1913

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

APR 3 1973

791-20-238-819

[redacted] No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Bay View

No. ..... St.

Hospital

Registration District No. 14 File No. 13800

Primary Registration District No. 2051 Registered No. 410

FULL NAME OF CHILD [redacted] ADA GERTRUDE Graves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred W Graves	Byrdelle Hardie
RESIDENCE	Bay View	Bay View
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	18
BIRTHPLACE	Mich	Mich
OCCUPATION	Jeweler	Nurse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Drummond MD.

(Physician or midwife)

Address Pathfinder

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/10 1915 D D Drummond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Lewis

Certificate No. 13800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ada Gertrude Graves (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 4th, 1913 (DATE OF EVENT)
in Bayview, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 4th, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Gertrude B. Graves	Ada Gertrude Graves
father's name	Fred B. Graves	Fred W. Graves

Subscribed and sworn to before me this 18th
day of April 19 42
E. R. Krater
Notary Public, residing at Chehalis, Wash.
My commission expires Feb - 18 - 1945
(SEAL)

Signed Byrdelle Inez Graves
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON).
Rt 4, Box 45 Chehalis, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lewis

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of April, 19 42
E. R. Krater
Notary Public, residing at Chehalis, Wash.
My commission expires Feb - 18 - 1945
(SEAL)

Signed Fred W Graves
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
RT 4 Box 45 Chehalis
(STREET ADDRESS, CITY, STATE)
Wash

Received for filing on Apr 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

342-115-28-163

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12

File No. 13801

No. ..... St.

Primary Registration District No. 2051

Registered No. 413

Hospital

FULL NAME OF CHILD Vernon Lukanitsch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 15. 1913.

FATHER		MOTHER	
FULL NAME	John A. Lukanitsch	FULL MAIDEN NAME	Edith Hollister
RESIDENCE	Ramsey	RESIDENCE	Ramsey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Telegr. Operator	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ramsey

Physician

(Physician ~~or midwife~~)

Address Rathdrum, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6/10 1913 D. D. Brennan
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7-30-59

PLACE OF BIRTH
235-219-048-235

County of Kootenai

City of Rathdrum

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13802

Primary Registration District No. 2051 Registered No. 414

FULL NAME OF CHILD Sarah Jane Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				May 19, [redacted] 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Louis Pierce	FULL MAIDEN NAME	Emma Steele
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Garwood, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Ida.

Filed 6/10/1913 [redacted] D. D. Drennan
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nezperce

Certificate No.

Date Filed July 6 th 1957

The undersigned does solemnly swear that certain facts on the certificate of May 10 1913 (Birth or Death)
for Georgia Georgie Steele (Name on Original Certificate) who Was born 5/10/1913 (Was Born or Died) on 5/10/1913 (Date of Event)
in Garwood, Pend O'Rille Co. Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of ~~his~~ knowledge, the
true facts are shown by S.S. 541-24-3056 (Bible Record, Insurance Policy, Etc.) prepared on S.S.No About 1940 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
May 10 1913	Georgia Steele	Sarah Jane Steele

Subscribed and sworn to before me this 6 th day of July 19 57
Carl Malmgren
Notary Public, residing at Lewiston Idaho
My commission expires I/17/59
(Seal)

Signed [signature] Peck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2503 8 th Ave. Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 th day of July 1957
Carl Malmgren
Notary Public, residing at Lewiston Idaho
My commission expires I/17/59
(Seal)

Signed Betty L. Cox
(Signature of Any Credible Person)
1915 9 th Ave. Lewiston Idaho
(Street Address, City, State)

FORM DPH - 51117

Attached corr. concerning this birth certificate:

documents accepted to make the correction:

Statement from the Superintendent, C.L. Booth, of Schools - Independent School District No. 1 - Nez Perce County - Lewiston, Idaho - states that from there records Sarah Jane Strong attended Elementary and Junior High School in Lewiston, Idaho. - viewed by V.S.

Certified copy of the Marriage Return for Jack Lee Carr and Sarah Jane Strong - married in Clarkston, Washington - Asotin Co. on February 11, 1933 - viewed by V.S. copy made out by the County Auditor -

Statehouse
Boise, Idaho

April 3, 1959

Lois C. Layman
Attorney at Law
Goldendale, Washington

Dear Mrs. Layman:

We are in receipt of your letter concerning the birth certificate for Sarah Jane Steele.

We can accept two documents which give her full maiden name as Sarah Jane Strong if the documents were established soon after the date of birth.

Upon receipt of the required documents we will make the correction.

Very truly yours,

W. W. Benson, State Registrar
Bureau of Vital Statistics

gbs

LOIS MAYRE CREVLING
ATTORNEY AT LAW
GOLDENDALE, WASHINGTON

RECEIVED
MAR 30 1959
Bureau of Vital Statistics

Goldendale, Washington

Department of Health
Statehouse
Boise, Idaho

Attention: W. W. Benson, State Registrar, Bureau of Vital Statistics

Re: Birth certificate for Sarah Jane Steele

Dear Mr. Benson:

Sarah Jane Steele went under the name of Sarah Jane Strong as Strong was her step-father's name. However, at the time of using the last name of Strong, Sarah Steele did not know that her name was Steele but assumed it to be Strong. She did not know otherwise until she was 28 years of age and all her business registrations and records were in the name of Strong.

Your department has acknowledged that the name should have been Steele as shown on her birth certificate. The only problem that remains is that Georgia was used as the first name instead of Sarah Jane on the birth certificate.

It is impossible to obtain documents giving the full name of Sarah Jane Steele as the name of Steele was not used. Since it is only the first name in question, would your department accept other evidence i.e. that of Sarah Jane Strong ?

Enclosed is a letter showing that Sarah Strong attended school in Lewiston. This establishes the first name as Sarah, not Georgia. Would it be possible that the affidavit of the mother plus this information would be sufficient to change the first and second names? If this is not sufficient, would you please tell me what procedure would be acceptable to your office considering that records of Sarah Jane Steele do not exist.

Very truly yours,

Lois Layman

Lois Crevling Layman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of [illegible] Registration District No. 14 File No. 13802

No. ..... St. Primary Registration District No. 2051 Registered No. 414

Hospital .....

FULL NAME OF CHILD Georgia Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			No	May 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Pierce	Emma Steele
RESIDENCE	Rathbone	Garwood, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Mo	Mo
OCCUPATION	farmer	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Berry

Physician (Physician or midwife)

Address Rathbone Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/10 1913 D. D. Drummond Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

AUG 3 1956

AUG 7 1959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 2 File No. 13803

No. ____ St.

Primary Registration District No. 2049 Registered No. 405

Hospital ____

FULL NAME OF CHILD Paul Arnold Litwin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Apr 25 1913

FATHER		MOTHER	
FULL NAME	Andrew Joe Litwin	FULL MAIDEN NAME	Helen Knitter
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Chief Car Repairer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Lancaster

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report

....., 19.....

Filed 6/10 1913 D. O. Drennen
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-122-028-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13804

Primary Registration District No. 2049 Registered No. 404

FULL NAME OF CHILD Earl Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Apr 22 1913

FATHER		MOTHER	
FULL NAME	William George Shaw	FULL MAIDEN NAME	Ethel Hall
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Pennsylvania
OCCUPATION	Saw mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-40 a M. on the date above stated.

(Signature) D. E. Cornwall

(Physician or ~~midwife~~)

Address St Maries Idaho

Filed 6/10 1913 D D Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAR 30 1960

295-20X-838 5/5

PLACE OF BIRTH

County of Kootenai

City of St Monies

No. Cor 2nd & Cally St.

Hospital

STATE OF IDAHO Form V. S. No. 11-C—15m-6-40-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 13805

Primary Registration District No. 2049 Registered No. 409

FULL NAME OF CHILD Elizabeth Ann Kinsolving

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	—		—	yes.	May 14th, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Dr. Chas. J. Kinsolving	FULL MAIDEN NAME Julia Elizabeth Eanes.
RESIDENCE	St Monies. Idaho.	St. Monies. Idaho.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Abingdon Virginia	Richmond Va.
OCCUPATION	Physician & Surgeon.	House wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving

Physician

(Physician or Midwife)

Given names added from a supplemental report

May 10 1913

Address St. Monies Idaho

Filed 6/10 1913 D D Sherman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

86-193 025-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Ferrell

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13806

Primary Registration District No. 2049 Registered No. 411

FULL NAME OF CHILD Fred Wesley Hooper

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	S (To be answered only in event of plural births)	3	Yes	May 13 1913

FATHER	MOTHER
FULL NAME Robert N. Hooper	FULL MAIDEN NAME Lydia Hay
RESIDENCE Ferrell	RESIDENCE Ferrell
COLOR White	COLOR
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Canada
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 45 A. M. on the date above stated.

(Signature) H. L. Lundsay

Physician.

(Physician or Midwife)

Address St Joe Idaho.

Filed 6/10 1913 D. D. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

4/11/41 L. B.

731-20-025-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. # St.

Hospital #

Registration District No. 12 File No. 13807

Primary Registration District No. 2044 Registered No. 417

FULL NAME OF CHILD Violet Nina Plant

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	5 – 20 – 1913

FATHER	MOTHER
FULL NAME Chas B. Plant	FULL MAIDEN NAME Marie Teigs
RESIDENCE St. Maries	RESIDENCE St. Maries
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION Sawyer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 9:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson M. D.

Physician (Physician or midwife)

Address St. Maries, Idaho

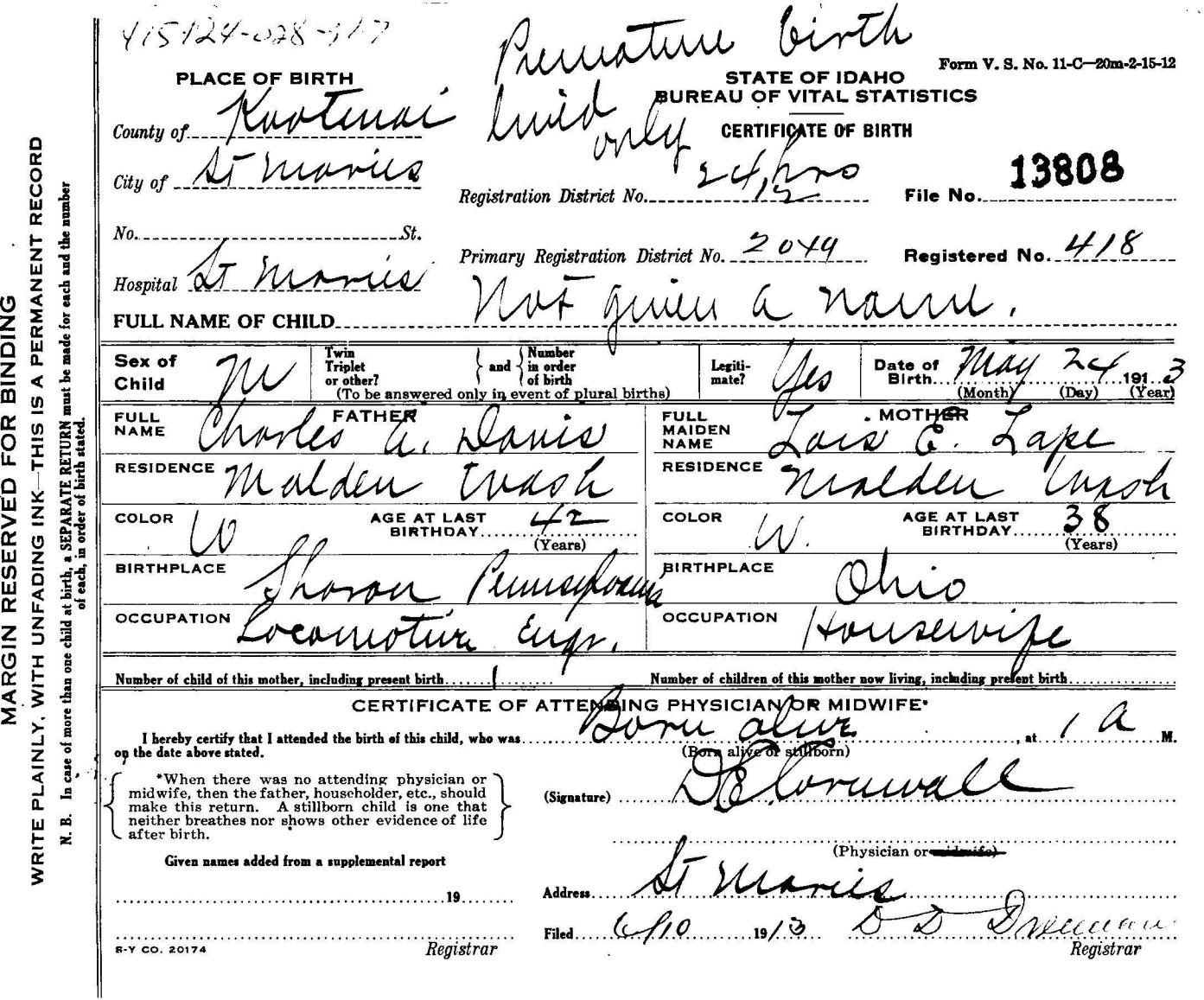
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6/10 1913 D D Freeman
Registrar

5-Y CO. 20174



415124-028-417

Premature birth
Still born

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 24, Pro

File No. 13808

Primary Registration District No. 2049

Registered No. 418

FULL NAME OF CHILD Not given a name.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	May 24 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles A. Davis	FULL MAIDEN NAME	Lois C. Lape
RESIDENCE	Malden Wash	RESIDENCE	Malden Wash
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sharon Pennsylvania	COLOR	W.
OCCUPATION	Locomotive Engr.	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Ohio
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or midwife)

Address St Maries

Given names added from a supplemental report

..... 19.....

Filed 6/10 1913 D. S. Dawson

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

118-29-084-236

CE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 22

Primary Registration District No. 2205

File No. 13809

Registered No. 332

FULL NAME OF CHILD Grace Elisabeth May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	Yes	May 29 1913

FATHER		MOTHER	
FULL NAME	Elmer May	FULL MAIDEN NAME	Effie Libbie Stone
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	W. Va.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Carbon, Wyo
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 15 1913

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

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FEB 6 1973

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Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Fruitland Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 13810

Primary Registration District No. 2 — Registered No. 824

FULL NAME OF CHILD Ruth Lucile Hooley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	Yes	May 22 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Levi G. Hooley	FULL MAIDEN NAME	Myrtle Alice Helser
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 4 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright MD

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 15 1913 [illegible]

Registrar

S-Y CO. 20174

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(1961)

866/22.014-853

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-13

CERTIFICATE OF BIRTH

County of Canyon

City of Twin Falls, Ida. Registration District No. 22 File No. 13811

No. St.

Primary Registration District No. 2005 Registered No. 333

Hospital

FULL NAME OF CHILD Ralph Hooley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes	May 22 1913

FATHER		MOTHER	
FULL NAME	Levi S. Hooley	FULL MAIDEN NAME	Myrtle Alice Helsen
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cinpin Wright, M.D.
Twin Falls, Ida.
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed June 15 19 13 S R Woodward Registrar
Wesp

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1949

MAR 24 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

28-119104-699

PLACE OF BIRTH

County of Canyon

City of Payette

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 13812

Primary Registration District No. 2008 Registered No. 232

FULL NAME OF CHILD Willard Ward Shawhan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 19 1913

FATHER		MOTHER	
FULL NAME	Glenn Elmo Shawhan	FULL MAIDEN NAME	Margaret Helen Wright
RESIDENCE	Boise, Ida.	RESIDENCE	Boise, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sigourney, Iowa.	BIRTHPLACE	Chrystal Lake, Ill.
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Glenn E. Shawhan

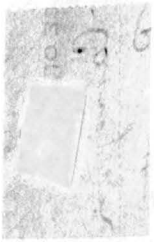
Physician & Surgeon
(Physician or Midwife)

Address Boise, Ida.

Filed June 15 19 13 [illegible]
Registrar

S-Y CO., 16670

4/22/41 L. B.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-207 015-133

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 22

File No. 13813

Primary Registration District No. 2005

Registered No. 229

FULL NAME OF CHILD Not Named - Died about Birth & Disaster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 7 (Year) 1913
Female			Yes	

FATHER		MOTHER	
FULL NAME	W. M. Parkes	FULL MAIDEN NAME	Mary Gillen
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Mechanic	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Crouch M.D.

Physician

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 22 1913

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 322 File No. 13814

Primary Registration District No. 2010 Registered No. 220

FULL NAME OF CHILD Robert Clifford Tucker

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	**		**	Yes	3	21	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William C. Tucker	FULL MAIDEN NAME	Ethel M. Cook
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nevada Mo.	BIRTHPLACE	Iowa
OCCUPATION	Barber and Friut grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.P. M. on the date above stated.

(Signature) B. O. Clark, M.D.

(Physician or Midwife)

Address Emmett Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed May 22 19 B. J. L. Reynolds Registrar

By R. W. Howard Deputy Local

S-Y CO., 16669

FEB 2 1943

MAY 5 1942

719-107-01X-285

PLACE OF BIRTH

County of ~~Emmett~~ Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5 22

File No. 13815

Primary Registration District No. 2011

Registered No. 231

FULL NAME OF CHILD LeRoy Edgar Gardunia

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	***	***	yes	4 — 7 — 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar C. Gardunia	Esther M. Sherrow
RESIDENCE	Emmett Ida.	same
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	37	19
BIRTHPLACE	Ohio	Kans
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Black M.D.

(Physician or Midwife)

Address Emmett Ida.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed May 22 1939 J. L. Reynolds Registrar

By R W [illegible] Deputy

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 6 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8 30 72

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 9 4 52 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Gem } ss.

Certificate No. 13815

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gardunia (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Gardunia	LeRoy Edgar Gardunia

Subscribed and sworn to before me this 5th day of September, 19 72

Notary Public, residing at Emmett, IDAHO
My commission expires 20 July 1973
(Seal)

Signed Ernest Gardunia
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R3 Box 343 Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Gem } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 19 72

Notary Public, residing at Emmett, Idaho
My commission expires July 20, 1973
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

320 McAuliff Ave, Emmett, Idaho
(Street Address, City, State)

FORM DH 60-155

NOV 9 1972

State file No. 278068
Own childs birth certificate Clinton Roy Gardunia born March 24, 1939 in Emmett, Idaho , gives fathers name as LeRoy Edgar Gardunia .
Viewed by VS

Family Record - Obviously Old - by Family gives name as Leroy Edgar Gardunia born April 7, 1913 .

Viewed by VS

PLACE OF BIRTH AMENDED - 4/28/50

299-20-23X-816

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 29

Primary Registration District No. 2102

File No. 13816

Registered No. 34

FULL NAME OF CHILD Evelyn Siroky
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 1, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stanley Siroky	FULL MAIDEN NAME	Phoebe Hawkins
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) V. R. Killru

(Physician or midwife)

Address Heyburn, Idaho

Filed June 10, 1913 V. R. Killru

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]RTH

County of [redacted]nidoka

City of [redacted]burn

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 13816

Primary Registration District No. 210 2 Registered No. 34

FULL NAME OF CHILD Evelyn Sirsky

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 1, 1913

	FATHER	MOTHER
FULL NAME	Stanley Sirsky	FULL MAIDEN NAME Phoebe Hawkins
RESIDENCE	Heyburn	RESIDENCE Heyburn
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Killam

(Physician or Midwife)

Address Heyburn

Filed June 10 1913 F. R. Killam

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 13816

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for EVELYN SIROKY (Name on Original Certificate) who BORN (Was Born or Died) on MAY 1 — 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
FATHER'S BIRTHPLACE	GERMANY	BOHEMIA

Subscribed and sworn to before me this 28th day of April, 1950

Notary Public, residing at Boise Idaho
My commission expires March 5, 1953
(Seal)

Signed Stanley Siroky
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1107 Wash. Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1950

Notary Public, residing at Boise Idaho
My commission expires March 5, 1953
(Seal)

Signed Phoebe Siroky
(Signature of Any Credible Person)
1107 Wash St Boise Ida
(Street Address, City, State)

155-02-01-034-341

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 13817

Primary Registration District No. 2015 Registered No. 38

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 28, 1913

	FATHER	MOTHER
FULL NAME	James Jensen	Almira Crandall
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Hennagy

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Rupert

Filed June 10 1913 V. P. Killen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

16-24103K-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No ....., ... St.

Hospital .....

Registration District No 29 — File No 13818

Primary Registration District No 2015 — Registered No. 36

FULL NAME OF CHILD Lorena Mae Rowland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			No	May 14, 1913

FATHER	MOTHER
FULL NAME Arthur Rowland	FULL MAIDEN NAME Alice Stevenson
RESIDENCE Jackson	RESIDENCE Heyburn
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenaggy

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 V. R. Miller

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

FEB 2 5 1975

787-20803/-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No ....., ... St.

Hospital .....

Registration District No. 29 File No. 13819

Primary Registration District No. 2015 Registered No. 35

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 8, 1913

FATHER	MOTHER
FULL NAME: Noel Phillips	FULL MAIDEN NAME: Iva Bartram
RESIDENCE: Acequia	RESIDENCE: Acequia
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Texas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician

(Physician or Midwife)

Address Rupert Ida.

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 V. R. Miller

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

863.220-034-437

Form V. S. No. 11-C—20m-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 13820

Primary Registration District No. 2102 Registered No. 97

FULL NAME OF CHILD Ramona Hollenbeck

Sex of Child female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Hollenbeck	FULL MAIDEN NAME	Edna McPherson
RESIDENCE	Hayburn Ida	RESIDENCE	Hayburn Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11½ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F R Kellam M.D.

(Physician or midwife)

Address Hayburn Ida

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 F R Kellam

Registrar

8-Y CO. 20174

Registrar

SEP 28 1954

462-130-034-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 29 File No. 13821

Primary Registration District No. 2102 Registered No. 39

FULL NAME OF CHILD Robert Delmore Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				May 30 1913

FATHER		MOTHER	
FULL NAME	Leo. Moore	FULL MAIDEN NAME	Elsie Nicas
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.2 M. on the date above stated.

(Signature) V. P. Killen M.D.

(Physician or midwife)

Address .....

Filed June 10 1913 V. P. Killen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

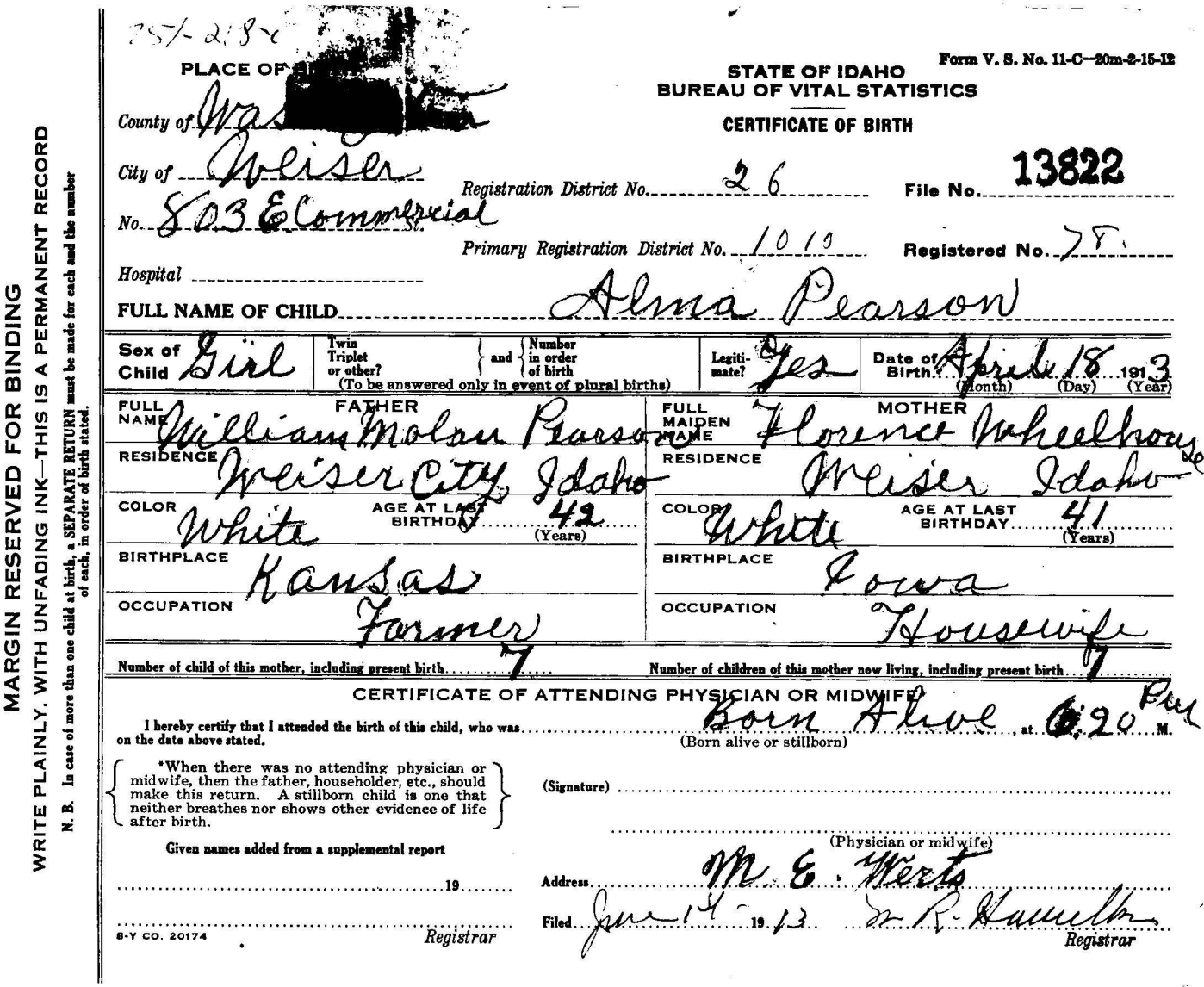
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1953

NOV 17 1953



75-218

PLACE OF [redacted]

County of Wa[redacted]

City of Weiser

No. 803 E Commercial St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13822

Primary Registration District No. 1010 Registered No. 75

FULL NAME OF CHILD Alma Pearson

Sex of Child: Girl | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: April 18 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William Nolan Pearson	FULL MAIDEN NAME: Florence Wheelhouse
RESIDENCE: Weiser City Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address M. E. Wertz

Given names added from a supplemental report

19

Registrar

Filed June 14 19 13 W. R. Hamilton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1947

V36-D17-0443

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital Weiser Gen Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13823

Primary Registration District No. 1010 Registered No. 79

FULL NAME OF CHILD Elizabeth M. Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	March 27 1913

FATHER		MOTHER	
FULL NAME	Ed M. Wheeler	FULL MAIDEN NAME	Elizabeth Clark
RESIDENCE	Weiser, Idaho (City)	RESIDENCE	Weiser Idaho (City)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mt Vernon Ohio	BIRTHPLACE	Soldier Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. March 27, at 11 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1st 1913 W. R. Hamilton
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-45-0[illegible]-734

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13824

Primary Registration District No. 1060 Registered No. 80

FULL NAME OF CHILD Kenneth Kenneth Eugene Fuller.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 23 1913

FATHER	MOTHER
FULL NAME Frank Erwin Fuller	FULL MAIDEN NAME Ruth Plumb
RESIDENCE Weiser Idaho.	RESIDENCE Weiser Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Clay Center Kansas	BIRTHPLACE Wisconsin
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1st 1913 W. R. Kunkle
Registrar

..... Registrar

8-Y CO. 20174

9-9-40 C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76-128-084-814

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. State St.

Registration District No. 26 File No. 13825

Primary Registration District No. 1010 Registered No. 87

Hospital City

FULL NAME OF CHILD Robert Gordon

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	August 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alanson Gordon	FULL MAIDEN NAME	Bessie Hamilton
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Saranac Mich	BIRTHPLACE	Drury Colorado
OCCUPATION	Brick maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Gormley Physician

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1st 1913 W. R. Hamilton Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

314-10-027-643

County of Washington

City of Weiser

No. ..... St.

Hospital Weiser General

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26

File No. 13826

Primary Registration District No. 1010

Registered No. 82

FULL NAME OF CHILD ~~Delton~~ Lovell Carlos Delton.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 1st 1913

FATHER		MOTHER	
FULL NAME	~~Delton~~ L. Carlos Delton.	FULL MAIDEN NAME	Ella Wilson
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Lawyer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed May 1st 1913 Dr. R. Hamilton

Registrar

.....

Registrar

S-Y CO., 16670

MAR 17 1954

MAY 1 1973.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. East Court St.

Hospital

Registration District No. 26 File No. 13827

Primary Registration District No. 1010 Registered No. 53

FULL NAME OF CHILD Stanley Corbett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	5th	yes	May 31st 1913

FATHER		MOTHER	
FULL NAME	John Corbett.	FULL MAIDEN NAME	Martha Johnston
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Smiths Center Kansas
OCCUPATION	Freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Yancey

Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 1st 19 13 W. R. Hamilton
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

615-207-64-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13828

No. ____, ____ St.

Primary Registration District No. 1010 Registered No. 74

Hospital Weiser General

FULL NAME OF CHILD Dorothy Beatrice Fanthing

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	—	—	Yes	5 3 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John Fanthing Jr.	FULL MAIDEN NAME Anna Pearl Allen.
RESIDENCE Weiser Idaho.	RESIDENCE Weiser Idaho.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mt Vernon Illinois.	BIRTHPLACE Longmont Colorado.
OCCUPATION Operist	OCCUPATION H. Wife.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Fanning

Physician.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 6 1913 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

DEC 2 9 1958

753-105 (4-356)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Nezperce

No. 3rd W E, or Gallaway *St.*

Registration District No. 26 **File No.** 13829

Primary Registration District No. 1010 **Registered No.** 85

Hospital

FULL NAME OF CHILD Carl Appleton Peck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward C Peck	Bernice Lewis
RESIDENCE	Nezperce Ida	Nezperce Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Kansas	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Nezperce Ida

Filed May 6th 1913 W. R. Hamilton

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

DUP OF 1913 - 334853

Amended June 5, 1974

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: 13830
Local Reg. No. 86
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Oregon b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ironsides

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Norma b. (Middle): Cummilla c. (Last): Van Buren

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 5, 1913 3:00 A.M.

FATHER OF CHILD

7. FULL NAME

a. (First): Stanley b. (Middle): c. (Last): Van Buren

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Willamette Valley, Oregon

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ethel b. (Middle): c. (Last): Wisdom

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ironsides

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: James A. Young

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Weiser, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 1, 1913

22. REGISTRAR'S SIGNATURE: W. R. Hamilton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13830

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rachel Van Buren (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Rachel Van Buren	Norma Cummilla Van Buren

Subscribed and sworn to before me this 4th day of June, 1974

Clarence R. Hunt
Notary Public, residing at ONTARIO OREGON
My commission expires 4-15-75
(Seal)

Signed Mollie Woodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

516 E. Liberty Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June, 1974

Clarence R. Hunt
Notary Public, residing at ONTARIO OREGON
My commission expires 4-15-75
(Seal)

Signed Elsie W. Peery
(Signature of Any Credible Person)

514 E. Main St., Weiser, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 4/23/74

Page torn from family Bible which appears very old gives: Norma Cummilla Van Buren born May 5, 1913 to Ehtel Mary and Stanley Guy Van Buren.--viewed by v.s.

Own child's birth certificate on file Idaho #233511 gives mother's name as Norma Cummilla Van Buren. Child was born June 23, 1935.--viewed by v.s.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 13830

Primary Registration District No. 1010 Registered No. ~~Co.~~ 76

FULL NAME OF CHILD Rachel Van Buren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female	—	—	Yes	May (Month) 5 (Day) 1913 (Year)

FATHER

FULL NAME Stanley Van Buren

RESIDENCE Ironsides Idaho Ore.

COLOR White AGE AT LAST BIRTHDAY 30. (Years)

BIRTHPLACE Willamette Valley Oregon.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ethel Wisdom,

RESIDENCE Iron Sides Willamette Valley Oregon.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iron Sides

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1st 1913 W. B. Hamilton Registrar

..... Registrar

8-Y CO. 20174

APR 2 4 1974

JUN 5 1974

449-205-1044-61-3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 13831

Primary Registration District No. 1010 Registered No. 87

FULL NAME OF CHILD Marguerite Gladys Murphy
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female					May 5, 1913 (Month) (Day) (Year)

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Andrew Murphy	FULL MAIDEN NAME: Laura Alice Waldo
RESIDENCE: Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Albion, Idaho	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician
(Physician or midwife)

Address Weiser, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed May 7, 1913 192.. W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1970

493-110-044-376

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13832

Primary Registration District No. 2112 Registered No. 48

FULL NAME OF CHILD Clifford Elmer Milkhorn R.F.D. Country

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 10 1913

FATHER		MOTHER	
FULL NAME	Lee Milkhorn	FULL MAIDEN NAME	Myrl Trout Milkho
RESIDENCE	Weiser	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Privy Flatt Tenn.	BIRTHPLACE	Buckie Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 00 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1st 19 13 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK. THIS L

JUL 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E Commercial St.

Hospital

Registration District No. 26

File No. 13833

Primary Registration District No. 1010

Registered No. 89

FULL NAME OF CHILD KENNETH W. ROSS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 15th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David E. Ross	Elizabeth Yost
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Mo	Nebraska
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed May 16th 1913 Dr. R. Hamilton

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Washoe }

Certificate No. 13833

Date Filed MAR 30 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for [NAME ON ORIGINAL CERTIFICATE] who born (WAS BORN OR DIED) on May 15,1913 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit of Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 26,1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ross	Kenneth W. Ross

Subscribed and sworn to before me this 26th day of March, 19 42.

E. R. Summa

Notary Public, residing at Sparks, Nevada

My commission expires Dec. 1,1944

(SEAL)

Signed Elizabeth L. Ross Hemerly

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

RFD #2 Reno Nevada

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 7 1975

455·220·044·619

PLACE OF BIRTH

County of Washington

City of Weiser

No. 114 E. Court St.

Hospital

[redacted] Form V. S. No. 11-C—20m-2-15-12

Registration District No. 26 File No. 13835

Primary Registration District No. 1010 Registered No. 91

FULL NAME OF CHILD Myrtle Bell Mendenhall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	✓	8	yes	May 20 1913

FATHER	MOTHER
FULL NAME Geo. Mendenhall	FULL MAIDEN NAME Victoria Parr
RESIDENCE French Ida	RESIDENCE French Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Virginia
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Halderman

physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 21st 1913 W. R. Hamilton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1964

295-22-044-437

City of Weiser

Registration District No. 26 File No. 13886

No. St.

Primary Registration District No. 2112, Registered No. 92

Hospital R.T.D.

FULL NAME OF CHILD Elizabeth Adelaide Kiefer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	May 26 1913

FATHER

FULL NAME George Kiefer

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Philadelphia Penn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agnes Sarah McGee

RESIDENCE Weiser Idaho.

COLOR White AGE AT LAST BIRTHDAY 4h (Years)

BIRTHPLACE Washtenaw, Mich.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 10 30a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1st 1913 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 19 1978

#13836

STATE OF Michigan)
) SS.
COUNTY OF Wayne)

AFFIDAVITS FOR CORRECTION OF A RECORD

Elizabeth [redacted] Kiefer of Detroit, Michigan

Being first duly sworn, deposes and says that she is _____
(if related, specify degree, if friend or otherwise, so state)

aunt of Elizabeth Adelaide Kiefer

who was born in the city of Weiser, County of Washington
(was born, died)

on the 26th day of May, 19 13, as stated in a certificate of birth
birth or death

filed by James A. Young, M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Weiser, County of Washington

Idaho, on the 1st day of June 1913 le

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mother Full maiden name omitted

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Mother's full Maiden Name:

Agnes Sarah McGee

(SEAL)

Affiant Elizabeth Kiefer

Address 93 Seward ave

Subscribed and sworn to before me this 15th day of Jan. 1941

Bess M. McCall
Notary Public

Com Expires Jan 24th, 1942

STATE OF Michigan)
) SS. SUPPORTING AFFIDAVIT
COUNTY OF Wayne)

Marie Kiefer of Detroit, Mich.

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Marie Kiefer

Address 7470 Byron Ave Detroit Mich

Subscribed and sworn to before me this 15th day of January 1941

(Seal)

Bess M. McCall
Notary Public

Com. Expires Jan 24th, 1942

996

685.22.644-719

PLACE OF BIRTH

Form V, S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Nth. State St.

Hospital

Registration District No. 26 File No. 13837

Primary Registration District No. 1010 Registered No. 93

FULL NAME OF CHILD Eleanor May Wheelon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	#	2	Yes	5 27 1913

FATHER	MOTHER
FULL NAME: Albert Wesley Wheelon	FULL MAIDEN NAME: Kate Painter
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Washington
OCCUPATION: Printer	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo D. Thirkey M.D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address Weiser, Idaho.

Filed May 25 1913 W. R. Hamilton
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1973

997

3 5 128 644-48

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 533 W. 4th St.

Hospital

Registration District No. 26

File No. 13838

Primary Registration District No. 1010

Registered No. 94

FULL NAME OF CHILD Neil Conn Cannon

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	# (To be answered only in event of plural births)	2	Yes	5	28	1913

FATHER	MOTHER
FULL NAME: Miles Cannon	FULL MAIDEN NAME: Eva Conn May
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Merchant	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Stuckey, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 2nd 1913 N. R. Hamilton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/23/40 L. B.

244-130-614-135

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 13839

Primary Registration District No. 1010 Registered No. 95 City,

FULL NAME OF CHILD Lavern Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 30 1913

FATHER		MOTHER	
FULL NAME	Hollie Smith	FULL MAIDEN NAME	Mabel Stevens
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Big Rock Tenn.	BIRTHPLACE	Weiser Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young.
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1st 19 13 M. R. Hazenbush
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13839

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by FAMILY BIBLE & INSURANCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on May 30-1913 POLICY June 15-1934 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lavern Smith
LAVERN JAMES		
Lavern James Smith		

Subscribed and sworn to before me this 10 day of February, 1975

M. McClark

Notary Public, residing at Spokane Wn

My commission expires June 1 1975

(Seal)

Signed Lavern James Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 1975

M. McClark

Notary Public, residing at Spokane

My commission expires June 1, 1975

(Seal)

Signed Lucile Marie Pugh
(Signature of Any Credible Person)

E 2218 Hoffman Spokane Wn 99207
(Street Address, City, State)

FORM DH 60-155 CL 8/2/73

FEB 2 8 1975

Photo of Family Bible record gives name as Lavern Smith born May 30, 1913. viewed by V. S.

Insurance policy from The Prudential Ins. Co. of American gives name as Laverne Smith (policy No. 8502115) viewed by V. S.

212-13-1044-514

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Wash

City of 2 m N. Weiser

Registration District No. 26 File No. 13840

No. ..... St.

Primary Registration District No. 2112 Registered No. 96

Hospital .....

FULL NAME OF CHILD CYRUS A. Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 31 1913

FATHER		MOTHER	
FULL NAME	A. L. Baker	FULL MAIDEN NAME	Retta Yount
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. J. Anderson MD

(Physician or Midwife)

Address Weiser Idaho

Given name added from a supplemental report

....., 19.....

Filed June 1st 19 13 W. R. Hamilton

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1942

(613-1)3-044-595

PLACE OF BIRTH

County of Washington

City of Midvale

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 13843

Primary Registration District No. 2113 Registered No. 99

FULL NAME OF CHILD Claude Waln

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6-13-12

FATHER		MOTHER	
FULL NAME	Elmer Waln	FULL MAIDEN NAME	Lola Vreeland
RESIDENCE	Payette Lakes	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Kolumbia Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 9 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. G. Parker

Physician
(Physician or Midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1st 1912 Dr. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 20 1943

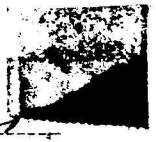
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-1140 cof

PLACE OF BIRTH



Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Priest River Registration District No. 8 File No. 13844

No. ....., ... St. Primary Registration District No. 2036 Registered No. 365

Hospital .....

FULL NAME OF CHILD Herman George Fow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		11	Yes	April 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard B. Fow	Clara Yax
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Mich	Mich
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 11 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Lacey M.D.

(Physician or Midwife)

Address Priest River,

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 M. McClure

Registrar

S-Y CO., 16670

Registrar

449-21-007-212

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13845

Primary Registration District No. 2036 Registered No. 362

FULL NAME OF CHILD Louis Murdoch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3d	yes	Apr 14 1913

FATHER		MOTHER	
FULL NAME	Richard E Murdoch	FULL MAIDEN NAME	Minnie M Baker
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	near Melmore, Ohio	BIRTHPLACE	Bridgewater S Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 14, 1913 (Born alive or stillborn) at 2 45 a M. on the date above stated.

(Signature) Fredrick Dedien M.D.
Sandpoint, Idaho
(Physician or midwife)

Address .....

Filed May 7 1913 M McKinnon
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1966

366-215-057-686

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 13846

No. ____ St. ____

Primary Registration District No. 2036 Registered No. 863

Hospital ____

FULL NAME OF CHILD Vera Grove Howlin.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	April 15 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Albert Ossual Howlin	Bernice Worrall
RESIDENCE	Sandpoint Idaho	Sandpoint Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Edmonville Mich.	Roberts Ills
OCCUPATION		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. April 15. 1913, at 2 45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W. Didier M.D.

Sandpoint, Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 7 1913 M McKinnon
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1954

296-235-009-632

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. ..... File No. 13847

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Ida Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5th	Yes	April 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. H. Brown	Amelia Olson
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 1 p. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. O. Swanson M.D.

(Physician or Midwife)

Address Priest River

Filed May 7 1913 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1951

663-126-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 13848

No. ..... St. Primary Registration District No. 2033 Registered No. 370

Hospital .....

FULL NAME OF CHILD Arnold V Wolverton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	aged — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	yes	April 26 1913

FATHER		MOTHER	
FULL NAME	Ralph H.S. Wolverton	FULL MAIDEN NAME	Henrietta Smith
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	S. D.	BIRTHPLACE	Ont. Canada
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 20a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Filed May 6 19 13 By McKinnon Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1971

APR 20 1953

SEP 15 1952

376-22-10079-546

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 13849

No. ..... St.

Primary Registration District No. 2033 Registered No. 371

Hospital .....

FULL NAME OF CHILD Viola Koppenman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	April 27 1913

FATHER		MOTHER	
FULL NAME	Geo. Koppenman	FULL MAIDEN NAME	Mary Ann Englert
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Minn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 11 a.m. at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
Physician
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed May 6 1913 M McKinnon

..... Registrar

5-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-9-41

791-128-1009-643

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 6 — File No. 13850

No. ____ St. — Primary Registration District No. 2583 — Registered No. 872

Hospital ____

FULL NAME OF CHILD Wilbur Graves

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	April 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex Graves	Delia Wilken
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 M McKinnon

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

276-179-009-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13851

County of Bonner

City of Sandpoint

No. Lake St. St.

Registration District No. 8

File No.

Primary Registration District No. 2033

Registered No. 372

Hospital

FULL NAME OF CHILD LESTER R. BROWN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	April 29 1913

FATHER		MOTHER	
FULL NAME	Harry E Brown	FULL MAIDEN NAME	Laura E Vance
RESIDENCY	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ill.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

.....19.....

Filed May 6 19 13 M. McKinnon

.....
Registrar

S-Y CO. 20174

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN - 7 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13851

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Brown (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1913 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Lester Raymond Brown
birthdate	April 29, 1913	April 28, 1913

Subscribed and sworn to before me this 4 day of January, 1971

Notary Public, residing at Sandpoint, Idaho

My commission expires .....
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO RESIDING AT SANDPOINT. MY COMMISSION EXPIRES JAN. 8, 1972

Signed Lester R. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of January, 1971

Notary Public, residing at Sandpoint

My commission expires .....
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO RESIDING AT SANDPOINT. MY COMMISSION EXPIRES JAN. 8, 1972

Signed Judge K. Hackwood
(Signature of Any Credible Person)

City Hall Sandpoint
(Street Address, City, State)

FORM DH 60-155

aff. sent per phone call 12-29-70 no corr.

Verification of School Record from Bonner County School District No. 82, McFarlad Bldg. Sandpoint, Idaho. Gives child's name as Lester Brown date of birth as April 28, 1913. School Attended: Sandpoint School District No. 1, Sandpoint, Id. Date of School Record: First Tuesday in September, 1918. Viewed by V. S.

Insurance Policy from the Prudential Insurance Company of America dated Oct. 28, 1947 gives name as Lester R. Brown. (policy No. 17 903 147). Date of birth as ~~XXXX~~ April 28, 1913. Place of birth as Sandpoint, Idaho. Viewed by V. S.

JAN 14 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

226-106-007-316

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint

Registration District No. 8

File No. 13852

No. ..... St.

Primary Registration District No. 2533

Registered No. 373

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	May 6 1913

FATHER		MOTHER	
FULL NAME	Peter Knox	FULL MAIDEN NAME	Josephine Laurance
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	COLOR	White
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Minn.
		OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Mackinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

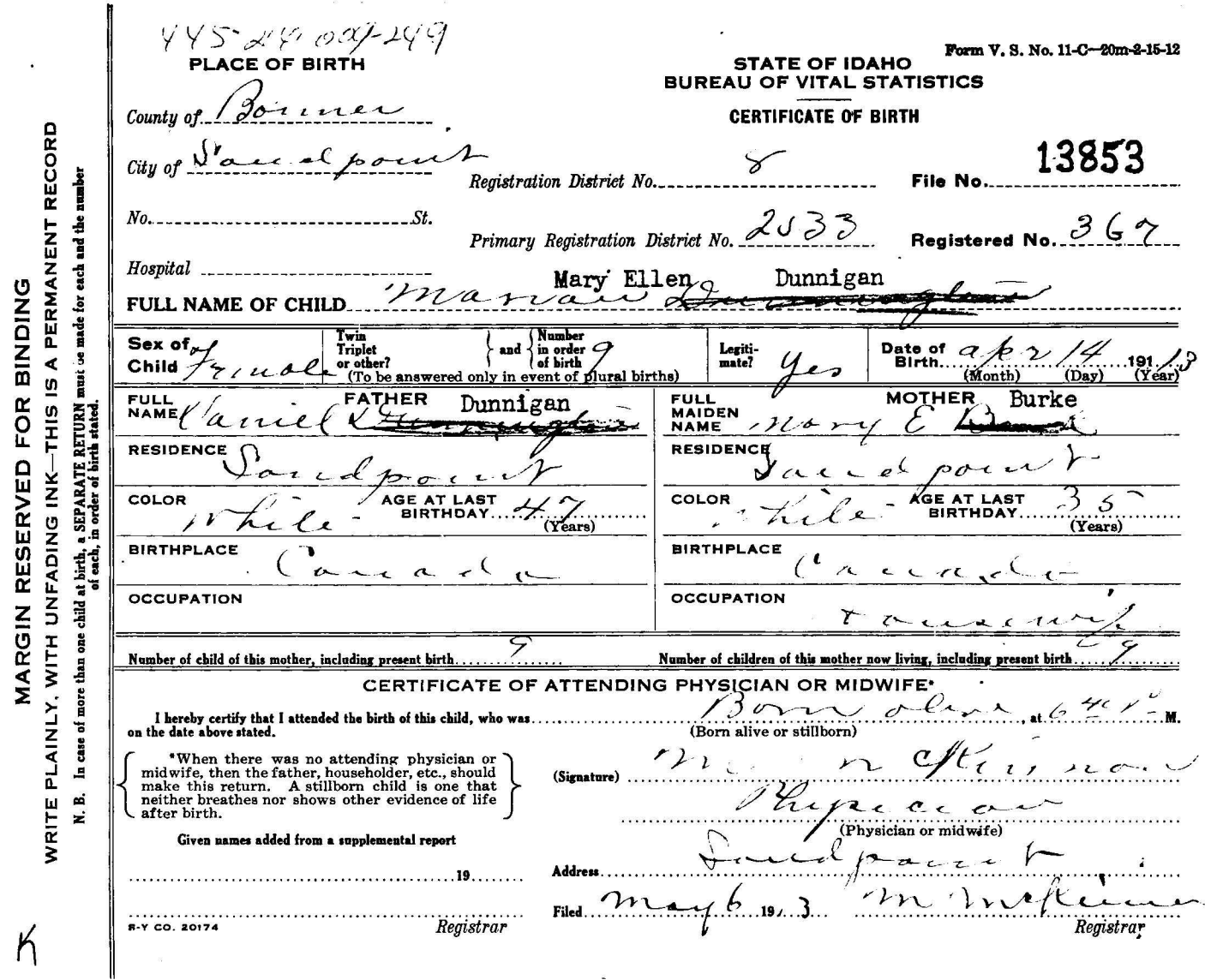
Filed May 6 19 13 M. Mackinnon

Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of



445-29 ox-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 13853

No. ..... St.

Primary Registration District No. 2533

Registered No. 367

Hospital

FULL NAME OF CHILD Mary Ellen Dunnigan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		9	Yes	April 14 1913

FATHER	MOTHER
FULL NAME Daniel Dunnigan	FULL MAIDEN NAME Mary E Burke
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White — AGE AT LAST BIRTHDAY 47 (Years)	COLOR White — AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Canada	BIRTHPLACE Canada
OCCUPATION	OCCUPATION Housework

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Cathcart M.D.

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 6 1913 M. McKeown

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

248-106001-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 13854

No. St. Primary Registration District No. 2033 Registered No. 342 361

Hospital

FULL NAME OF CHILD Grace Hilding Boynton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	Apr 6 1913

FATHER		MOTHER	
FULL NAME	Wm Boynton	FULL MAIDEN NAME	Hannah E Carlson
RESIDENCE	Ponderay	RESIDENCE	Ponderay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
Physician
(Physician or midwife)
Address Sandpoint Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 6 19 13 M McKinnon
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Form V. S. No. 11-4

PLACE OF BIRTH
239-10-004-523
County of Kootenai
City of Sunnyside

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13855

No. ____ St.

Primary Registration District No. 2033 Registered No. 962

Hospital ____

FULL NAME OF CHILD Warren Henry Stickney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	April 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Leslie Stickney	Bessie Estey
RESIDENCE	Sunnyside Wash	Sunnyside Wash
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Wisconsin	S. D.
OCCUPATION	Insurance agt.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon
Physician
(Physician or midwife)
Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 M. McKinnon
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of

3 0 1942

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 9 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Sand Point, Ida

FULL NAME OF CHILD Warren Henry Stickney

5. Date of Birth of Child (Month, day, year) April 6, 1913

Sex Male | 7. Twin or Triplet Single | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy 9 | 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME David Leslie Stickney
Color or Race White
12. Age at time of THIS birth 26 yrs.
Birthplace Mather (City or town) Wisconsin (State or foreign country)
Exact Occupation Woodswork
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie L. Estey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Oakwood (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum.....
Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Oregon } ss.
County of Coos }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Malcolm McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Bessie Estey Stickney (Mrs.) Signature
456 S. Heath, Coquille, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of June, 19 42.
(SEAL) J. M. Barton Notary Public, residing at Coquille, Oregon
My commission expires June 18, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 266-W-57-796

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13856

County of Bonner

City of Sandpoint

Registration District No. 8 File No.

No. St. Primary Registration District No. 2033 Registered No. 363

Hospital

FULL NAME OF CHILD Edwin L. Bowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Apr 11 1913

FATHER		MOTHER	
FULL NAME	Edwin L. Bowen	FULL MAIDEN NAME	Clara M. Groat
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 6 19 13 M. McKinnon Registrar

S-Y CO. 20174

46-5-11-004-355

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 13857

No. ..... St.

Primary Registration District No. 2033

Registered No. 864

Hospital .....

FULL NAME OF CHILD GERALD STANFORD MONTAGUE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	April 11 1913

FATHER		MOTHER	
FULL NAME	Rubie Montague	FULL MAIDEN NAME	Florence Lendendolf
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wis.	BIRTHPLACE	S. D.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McClennon

Sandpoint (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 6 1913 M. McClennon

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boundary

Certificate No. 13857
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Gerald Stanford Montague (Name on original certificate) who was born (Was born or died) on Apr. 11, 1913 (Date of event)
in Bonners Ferry, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Montague	Gerald Stanford Montague

Subscribed and sworn to before me this 6th
day of Dec., 1941

Notary Public, residing at Bonners Ferry, Idaho
My commission expires Nov. 22, 1942
[SEAL]

Signed Gerald Stanford Montague
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
810 No. Boyer Ave. Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST be executed.
(See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC 15 1941 By
(Registrar's signature)

567 203100-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13858

Primary Registration District No. 2036 Registered No. 359

FULL NAME OF CHILD Violet Meredith Norton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3d	yes	Apr 3 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Christopher Norton	FULL MAIDEN NAME Alice Penrod
RESIDENCE Bonner County near Coeur d'Alene Idaho	RESIDENCE Bonner County near Coeur d'Alene, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Gratiot County, Mich	BIRTHPLACE Saginaw County Mich
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 2d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on April 3, 1913, at 9:00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick L. Didier

Coeur d'Alene, Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 6 1913 M. McKinnon

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1972

PLACE OF BIRTH

Form V. S. No. 21-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida Registration District No. 8 File No. 13859

No. ____ St. Primary Registration District No. 2036 Registered No. 360

Hospital ____

FULL NAME OF CHILD Lloyd D. Stevens

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2d (To be answered only in event of plural births)	and 2	Yes	apr 4 1913

FATHER	MOTHER
FULL NAME Albert Bruce R. Stevens	FULL MAIDEN NAME Bessie E. Stevens
RESIDENCE Laclede Idaho	RESIDENCE Laclede Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Oshkosh Wis	BIRTHPLACE Ellis Kansas
OCCUPATION School Janitor	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Apr 4 1913, at 1:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W. Didier MD
Laclede Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19..... Address .....

..... Filed may 6 19 13 M. McEtnum
Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-11-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho, } ss.
County of Bonner, }

AUG 6 1941

Certificate No. 13851
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Lloyd Delbert Stevens, (Birth or death)
for Correction as to date, (Name on original certificate) who was Born April 5th, 1913 (Was born or died) (Date of event)
in Born at Laclede, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Stevens Parents, (Bible record, insurance policy, etc.) prepared on their Marrige Certificate (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Our Son Was Born in Laclede Idaho County of Bonner On April 5th-- 1913, We are both Parents here still Living here in Laclede, and We Certify to our Son's Birth date,		

Subscribed and sworn to before me this 4th. day of August, 1941.
Rieka M Lean.
Notary Public, residing at Priest River, Idaho.
My commission expires May 15th, 1943.
[SEAL]

Signed Delbert B Stevens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)
Father of L.D. Stevens,

Supporting Affidavit of a Second Person

State of Idaho, } ss.
County of Bonner, }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. -- day of August, 1941.
Rieka M Lean.
Notary Public, residing at Priest River, Idaho
My commission expires May 15th. 1943.
[SEAL]

Signed Mrs. Bessie E. Stevens
(Signature of any credible person other than the previous affiant)
Mother of L. D. Stevens,

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

8-11-41

379-231 807-268

PLACE OF BIRTH

Form V. S. No. 11-C-15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 8

File No. 13860

No. ____, ____ St.

Primary Registration District No. 2032

Registered No. 325

Hospital ____

FULL NAME OF CHILD Critchell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2d	Yes	March 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carroll E Critchell	Helen Charlotte Boyd
RESIDENCE	Laclede Idaho	Laclede Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Mascota County, Mich	Traverse County Mich
OCCUPATION	Lumber dealer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 21 1913, at 2-30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrill Didier MD

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 6 1913 Wm. McKenna

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1967

SEP 1 4 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

113-220-009-A 39

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13861

Primary Registration District No. 2033 Registered No. 356

FULL NAME OF CHILD Leonora May Mallette

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	one	yes	March 20, 1913

FATHER		MOTHER	
FULL NAME	John Paul Mallette	FULL MAIDEN NAME	Margaret M. Blish
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Saginaw, Mich	BIRTHPLACE	Eagle River, Wis
OCCUPATION	Mill operative	OCCUPATION	Housewife

Number of child of this mother, including present birth .... one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) March 20 1913, at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick Dudier MD

Sandpoint Idaho

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 6 1913 M McKennan

Registrar

S-Y CO., 16670

Registrar

AUG 2 0 1942,

753-231 08-479

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 13862

Primary Registration District No. 2033 Registered No. 357

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female Male		2	Yes	March 31 1913

FATHER		MOTHER	
FULL NAME	Christ Peterson	FULL MAIDEN NAME	Alice Murry
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	manager Bowling alley	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 M McKinnon

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-328127

199-284-059-595

PLACE OF BIRTH

County of Bonner

City of Bayen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 13863

Primary Registration District No. 2033 Registered No. 324 358

FULL NAME OF CHILD MARJORIE LUCILLE GRIFFITH

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	yes	April 4 1913

	FATHER	MOTHER
FULL NAME	Geo. Griffith	FULL MAIDEN NAME Josie Comegar
RESIDENCE	Clarkfork	RESIDENCE Clarkfork
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	46 (Years)	30 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE Penn.
OCCUPATION	Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Filed Apr 6 1913 M. McKinnon

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Kitsap }

Certificate No. 13863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marjorie Lucille Griffith (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1913 (Date of Event)
in Kootenai Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjorie Lueille Griffith

Subscribed and sworn to before me this 3
day of June, 1947

Notary Public, residing at Bremerton

My commission expires Dec 21, 1945
(Seal)

Signed X Jessie Maude Griffith X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 548 - Route 3. Bremerton
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

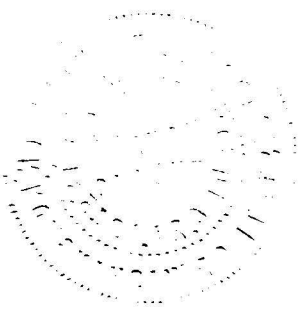
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 1947

JUN 16 1942



269-201-009-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Clarkfork

No. ....., ... St.

Hospital .....

Registration District No. 8

File No. 13864

Primary Registration District No. 2035

Registered No. 357

FULL NAME OF CHILD Gracie May Swindler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Jan 1st 1913

FATHER		MOTHER	
FULL NAME	Virgil L. Swindler	FULL MAIDEN NAME	Bertha Mona Lane
RESIDENCE	Clarkfork	RESIDENCE	Clarkfork
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29	COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Murphy M.D.

(Physician or ~~Midwife~~)

Address Hope Idaho

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 M. McPherson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1943

JUN 15 1955

413-10-009-433

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11-C—15m-6-20-11

County of Bonner

City of Clarkfork

Registration District No. 8

File No. 13865

No. ____, ____ St.

Primary Registration District No. 2035

Registered No. 352

Hospital ____

FULL NAME OF CHILD James J. Maloney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 1st, 1913

FATHER		MOTHER	
FULL NAME	Thomas J. Maloney	FULL MAIDEN NAME	Teresa M. McConnell
RESIDENCE	Clarkfork	RESIDENCE	Clarkfork
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Michigan	COLOR	White
OCCUPATION	Manager Saw Mill	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Ontario Canada
		OCCUPATION	Home work

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Knapp M.D.

(Physician or ~~Midwife~~)

Address Clarkfork Idaho

Given names added from a supplemental report

____, 19____

Filed May 7 19 13 M McKennon

Registrar

Registrar

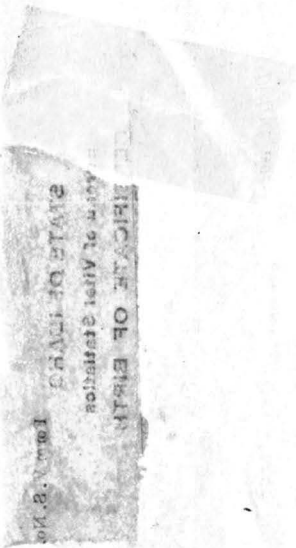
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/21/41. w.h.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

166-21-009- #19

PLACE OF BIRTH

County of Bonner

City of Clark fork

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 13866

Primary Registration District No. 2035 Registered No. 353

FULL NAME OF CHILD Audrey Moore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	May 11, 1913

FATHER		MOTHER	
FULL NAME	Frank Moore	FULL MAIDEN NAME	Lottie Pingelton
RESIDENCE	Clark fork	RESIDENCE	Clark fork
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	England	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 1/2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Rampf

..... (Physician or Midwife)

Address ..... Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 7 1913 M McKinnon Registrar

S-Y CO., 16670

NOV 2 7 1974

493.115.009-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Lemhi

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 13867

Primary Registration District No. 2535 Registered No. 357

FULL NAME OF CHILD not named Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 15, 1913

FATHER		MOTHER	
FULL NAME	Terry E. Williams	FULL MAIDEN NAME	Essie Sams
RESIDENCE	Lemhi	RESIDENCE	Hopi
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Lumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) W. T. Rucker M.D.

(Physician or Midwife)

Address Hope

Filed May 6 19 13 M. McKenna Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-2069-36-693

PLACE OF BIRTH

County of Ineda

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13868

Primary Registration District No. 2069 Registered No. 158

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 6 1913

FATHER		MOTHER	
FULL NAME	David John	FULL MAIDEN NAME	Matter Williams
RESIDENCE	Malad RTD	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-6 1913 D C Ray

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

734-108-056-257

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13869

Primary Registration District No. 2069 Registered No. 157

FULL NAME OF CHILD Sibert P Lamkett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 8 1913

	FATHER	MOTHER
FULL NAME	Everet L P Lamkett	FULL MAIDEN NAME Fanny B Beasley
RESIDENCE	Malad City	RESIDENCE same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE same
OCCUPATION	clerk	OCCUPATION dress maker

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-10 19 13 D C Ray Registrar

..... Registrar

8-Y CO. 20174

FEB 24 1967

693-208-36-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13870

Primary Registration District No. 2069 Registered No. 160

FULL NAME OF CHILD Helen Wilcox

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	3 8 1912

FATHER		MOTHER	
FULL NAME	Charles Wilcox	FULL MAIDEN NAME	Eliza Lyon
RESIDENCE	Holbrook Idaho	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 15 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-10 19 13 L. C. Ray

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1976

964.2041-C36-165

Form V. S. No. 11-C—20m-2

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 18 File No. 13871

Primary Registration District No. 2064 Registered No. 161

Hospital .....

FULL NAME OF CHILD MARGARET Lefta Roderick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	5 9 1913

FATHER		MOTHER	
FULL NAME	Samuel Roderick	FULL MAIDEN NAME	Hannah Jones
RESIDENCE	Gwenford Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife,

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-10 1913 D C Ray
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

13871

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 WAC

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 11 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Margaret Roderick

5. Date of Birth of Child (Month, day, year) Mar. 9 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Price Roderick
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Malad Idaho (City or town) (State or foreign country)
14. Exact Occupation Grocery man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Jones Roderick
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

AUG 2 1961

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dr. Ray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Price Roderick Signature
8043 Sequoia Blvd. Van Nuys Cal. P. O. Address

Subscribed and sworn to before me this 31 day of Aug., 19 42
(SEAL) Henry K. Shaffer Notary Public, residing at 7324 Sepulveda Van Nuys Calif Blvd

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 III 1036-955

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Oneida

City of Malad

Registration District No. 18

File No. 13872

No. ..... St.

Primary Registration District No. 2069

Registered No. 16

Hospital

FULL NAME OF CHILD DeVere Tovey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	2	Yes	5 11, 1913

	FATHER	MOTHER
FULL NAME	George Tovey	Florence Rees
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Malad Ida.	Pocatello Ida.
OCCUPATION	Farmer.	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

(Physician or Midwife)

Address Malad Ida.

Given names added from a supplemental report

....., 19.....

Filed June 2 1913

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 0 1943

SEP 3 0 1983

ID DC 2006-90364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

164-212036-4/19

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Malad

Registration District No. 18

File No. 13873

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 163

Hospital ____

FULL NAME OF CHILD Ramona Sally South

Sex of Child Female

Twin, Triplet, or other? One and Number in order of birth 3 (To be answered only in event of plural births)

Legitimate? Yes.

Date of birth 5 (Month) 13 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Grover South.	FULL MAIDEN NAME Ora Martin
RESIDENCE Malad Ida.	RESIDENCE Malad Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Trade Town.	BIRTHPLACE Trade Town.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

(Physician or Midwife)

Address Malad Ida.

Given names added from a supplemental report

....., 19.....

Filed June 7 1913 D C Ray

Registrar

S-Y CO., 18670

Registrar

AUG 9 1951

55-21-2-6-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18 File No. 13874

Primary Registration District No. 2469 Registered No. 164

FULL NAME OF CHILD Myrle Evans

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	4	Yes.	5 13 1913

FATHER		MOTHER	
FULL NAME	Dawis H. Evans.	FULL MAIDEN NAME	Jennie Jones.
RESIDENCE	Malad	RESIDENCE	Malad Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad Idaho.	BIRTHPLACE	Hyrum Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 9:45 A. M. on the date above stated.

(Signature) J. M. Kerns. M.D.

(Physician or Midwife)

Address Malad Idaho.

Filed June 2 1913 D. Hay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

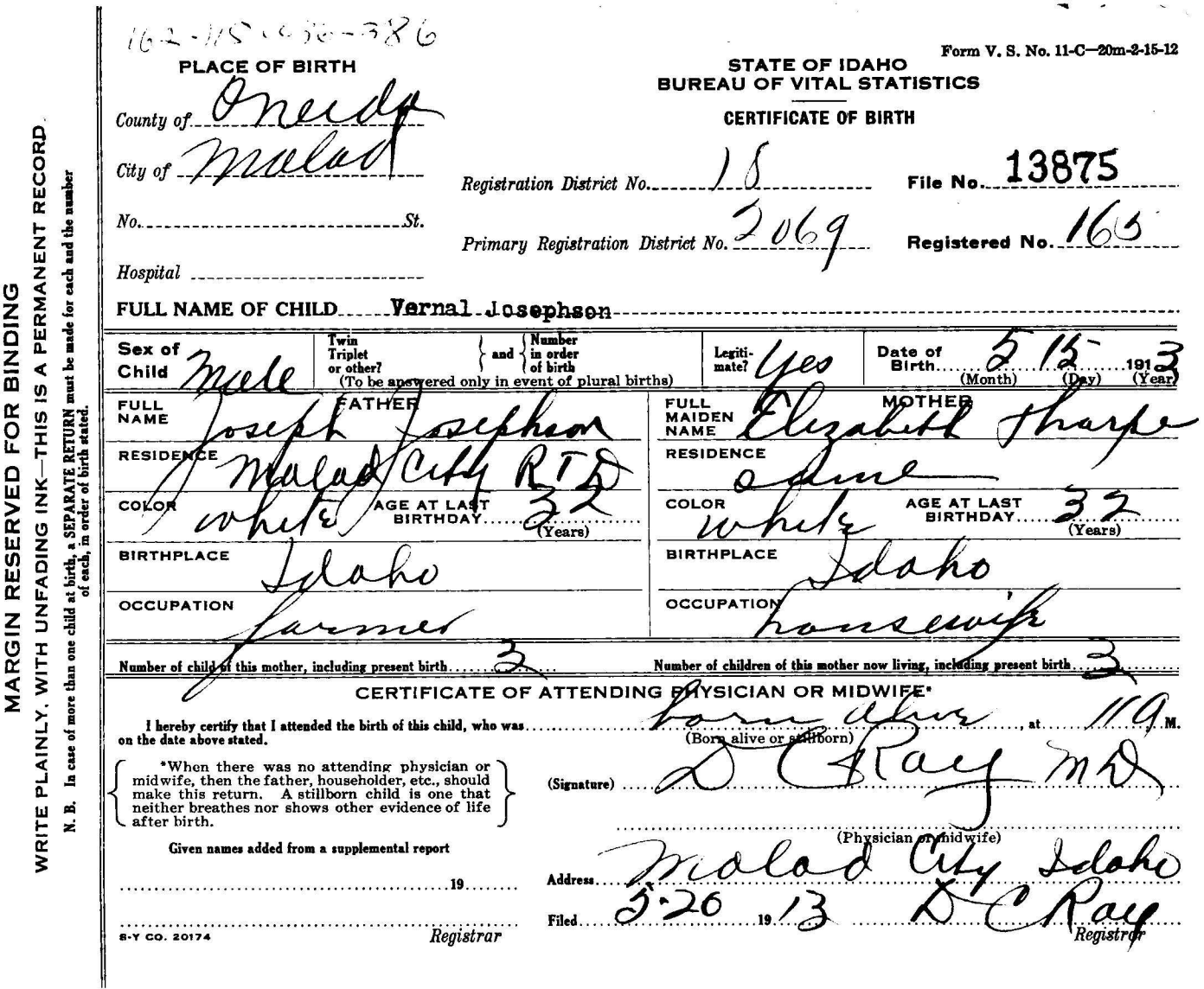
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 9



16-IS-058-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13875

Primary Registration District No. 2069 Registered No. 165

FULL NAME OF CHILD Vernal Josephson

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 5 (Month) 15 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Joseph Josephson	FULL MAIDEN NAME: Elizabeth Sharpe
RESIDENCE: Malad City RTD	RESIDENCE: Malad
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-20 19 13 D C Ray
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1975

JUN 4 19

693-122-0076-69 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13876

Primary Registration District No. 2069 Registered No. 166

FULL NAME OF CHILD Samuel Lyle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Williams	Gracie Williams
RESIDENCE	Malad City Idaho	Malad City Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer,	housewife,

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-30 1913 D C Ray

..... Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO

JAN 20 1943

313-223-036-514

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13877

Primary Registration District No. 2069 Registered No. 167

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Caldwell	Emily Vaughan
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Malad Idaho	Malad Idaho
OCCUPATION	Farming	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report

..... 19.....

Filed May 30 1912 D C Kay

Registrar

..... Registrar

R-Y CO. 20174

NOV 8 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-2301a 36-36-5

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Leatha D-avis

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 13878

Primary Registration District No. 2069 Registered No. 168

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	1	Yes	5 30 1913

FATHER		MOTHER	
FULL NAME	Eugene Davis	FULL MAIDEN NAME	Pearl Covert
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Kerns. M.D.

(Physician or Midwife)

Address Malad Ida.

Filed June 2 1913 D. C. Ray Registrar

8-Y CO., 16670

JUN 2 5 1948

Amended 11/27/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13879
Local Reg. No.
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Glendale

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Glendale

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Zella b. (Middle): Lael c. (Last): Wheeler

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 5, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Ray b. (Middle): c. (Last): Wheeler

8. AGE (At time of this birth): 20 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Glendale, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Benta b. (Middle): Eliza c. (Last): Nelson

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Glendale, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6/10/13

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS NOV 8 9 32 AM '72

State of Idaho
County of Franklin } ss.

Certificate No. 13879

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Zella Bardella Wheeler (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1913 (Date of Event)
in Glendale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Zella Bardella Wheeler	Zella Lael Wheeler

Subscribed and sworn to before me this 3 day of November, 1972

Notary Public, residing at Preston, Idaho

My commission expires 4-1-76

(Seal)

Signed Benita N Wheeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

249 W 3rd N Logan Utah 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of November, 1972

Notary Public, residing at Preston, Idaho

My commission expires 4-1-76

(Seal)

Signed [signature] (Signature of Any Credible Person)

R 3, Preston Ida (Street Address, City, State)

FORM DH 60-155 CL 10/30/72 1cc pd.

Certificate of Blessing from LDS Church dated April 8, 1913 gives name as Zella Lael Wheeler duahgter of George Ray Wheeler and Benta Nelson. Born March 5, 1913 Blessed April 6, 1913. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Glendale

No ....., ... St.

Hospital .....

Registration District No 18 File No. 13879

Primary Registration District No. 2119 Registered No. 169

FULL NAME OF CHILD Zella Bardella Wheeler.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 5, 1913

FATHER	MOTHER
FULL NAME: Ray Wheeler	FULL MAIDEN NAME: Benta Eliza Nelson
RESIDENCE: Glendale, Idaho.	RESIDENCE: Glendale, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Glendale, Idaho.	BIRTHPLACE: Glendale, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stites

Physician (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 6/10 13 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
Bureau of Vital Statistics

OCT 13 1972

NOV 27 1972

595·107·04-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

County of Franklin

City of Preston

No ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

8

File No. 13880

Primary Registration District No. 2119

Registered No. 170

FULL NAME OF CHILD DeMar H. Nielson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 7, 1913

FATHER	MOTHER
FULL NAME P. Chester Nielson	FULL MAIDEN NAME Elizabeth Hunter
RESIDENCE Preston, Idaho.	RESIDENCE Preston, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Peterson, Utah	BIRTHPLACE Preston, Idaho.
OCCUPATION Machinest	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) G W States

Physician

(Physician or Midwife)

Address Preston, Idaho.

Filed 6/10 1913

D C Ray Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Washakie

JAN 1942

Certificate No. 13880
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for DeMar H. Nielson (Name on original certificate) who born (Was born or died) on March 7, 1913 (Date of event)
in Preston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by School Record (Bible record, insurance policy, etc.) prepared on January 9, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Waldemar H. Nielson	~~DeMar Nielson~~ DeMar H. Nielson

Subscribed and sworn to before me this 5th
day of January, 19 42
H.L. Bonnie Clerk of the District Court
Notary Public, residing at Worland, Wyo.
My commission expires MY TERM OF OFFICE EXPIRES FIRST MONDAY IN JAN. 1943
[SEAL]

Signed P. Chesley Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Worland, Wyoming
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Washakie

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of January, 19 42
H.L. Bonnie Clerk of the District Court
Notary Public, residing at Worland, Wyo
My commission expires MY TERM OF OFFICE EXPIRES FIRST MONDAY IN JAN. 1943
[SEAL]

Signed Elizabeth Nielson
(Signature of any credible person other than the previous affiant.)
Worland, Wyoming
(Street Address, City, State)

JAN 5 1942

Received for filing on By
(Registrar's signature)

JAN 23 1942

JUN 18 1945

763.123-31-413

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No ....., ... St.

Hospital .....

Registration District No 16 File No. 13881

Primary Registration District No. 2119 Registered No. 171

FULL NAME OF CHILD Donald Dalley Golightly.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 23, 1913.

FATHER	MOTHER
FULL NAME: Osborn Golightly	FULL MAIDEN NAME: Myrtle Dalley
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Summet, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Sheets

Physician (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 6/10 19 13 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

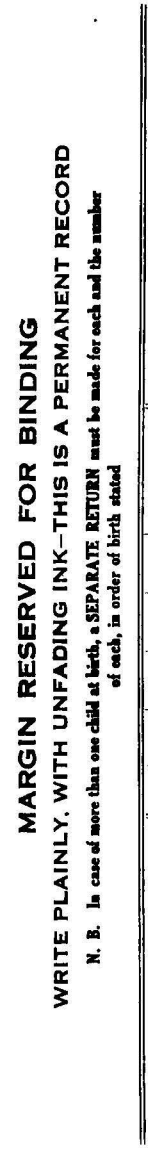
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235/23-02/435

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No ....., ... St.

Hospital .....

Registration District No 18 File No. 13882

Primary Registration District No. 2119 Registered No. 172

FULL NAME OF CHILD Leonard Stephenson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 23 1913

FATHER	MOTHER
FULL NAME: Dan Stephenson	FULL MAIDEN NAME: Agnes Jensen
RESIDENCE: Mapleton, Idaho.	RESIDENCE: Mapleton, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Richfield, Utah.	BIRTHPLACE: Gentile Valley Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Stokes

Physician (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/10 1913

D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 5 1970

168-225-031-259

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 13883

Primary Registration District No. 2119 Registered No. 173

FULL NAME OF CHILD Lida Louise Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 25 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Martin Johnson Jr.	FULL MAIDEN NAME: Adeline Kershaw
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Lake Town, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo W Stokes

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho.

Filed 4/10, 1913 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

26 6-22 8/02/ 269

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

*No*_____, _____ *St.*

Hospital _____

Registration District No 18 **File No.** 13884

Primary Registration District No. 219 **Registered No.** 174

FULL NAME OF CHILD Harriet Grisilda Bowcut.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Femail		Yes	April 28, 1913

FATHER	MOTHER
FULL NAME John Bowcut	**FULL MAIDEN NAME** Griselda Porter
RESIDENCE Franklin, Idaho.	**RESIDENCE** Franklin, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 29 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE Franklin, Idaho.	**BIRTHPLACE** Franklin, Idaho.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) G W States

Physician (Physician or Midwife)

Address Preston, Idaho.

Filed 6/14, 19 13 D C Ray *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

363-10-02-163

PLACE OF BIRTH

County of Franklin

City of Weston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

Registration District No. 14

File No. 13885

Primary Registration District No. 2114

Registered No. 175

FULL NAME OF CHILD Bonnie Holburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 7, 1913

FATHER		MOTHER	
FULL NAME	Lawrence J. Holburn	FULL MAIDEN NAME	Lilly Wolverton
RESIDENCE	Weston, Ida.	RESIDENCE	Weston, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Quick M.D.

(Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1913 D. C. Kay Registrar

.....

Registrar

S-Y CO., 16670

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 1947-1021 C14-238

[redacted] F IDAHO

al Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Registration District No. 3 File No. 13886

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Simms

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓	✓	Yes	6 2 1913

FATHER.		MOTHER	
FULL NAME	Walter Simms	FULL MAIDEN NAME	Carrie Schniedseifer
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Kuen M.D.

(Physician or Midwife)

Address Parma - Idaho

Given name added from a supplemental report

..... 19.....

Filed 6/7 1913 R. Kuen

S-Y CO., 16659 Registrar Registrar

STATE C
Bureau of Vi

942 - 3/8 514 - 165

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... , ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. .....

File No. 13887

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Phoebe Laura Rubins

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓		✓	Yes	5 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leon Rubin	FULL MAIDEN NAME	Mary Laura Jones
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Russia	BIRTHPLACE	Kentucky
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Prematurely born alive (Born alive or stillborn) at 10.30a M. on the date above stated.

(Signature) R. D. Queen M.D.

(Physician or Midwife)

Address Parma Idaho

Filed 5/18 1913 R. D. Queen

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 3 1976

SEP 30 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

066-1 05 064-313

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. .....

File No. 13888

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD KERNS OWEN WOODS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓	4	Yes	5 5 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. O. Woods	FULL MAIDEN NAME	Mabel Callen
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Full Term (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. Glenn

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Filed 5/6 1913 P. Glenn

S-Y CO., 16689

Registrar

Registrar

MAR 18 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate 13688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name Kerns Owen Woods	unnamed	Kerns Owen Woods

Subscribed and sworn to before me this 14th day of March, 1942.

Notary Public, residing at Los Gatos, Calif.

My commission expires March 17-1945

(Seal)

Signed Eula Mabel Woods (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

253 W Main St. Los Gatos, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1942

Notary Public, residing at Los Gatos Calif

My commission expires March 17th 1945

(Seal)

Signed E O Woods (Father)

(Signature of Any Credible Person Other Than Previous Year)

253 W. Main St Los Gatos Calif.

(Street Address, City, State)

MAR 24 1942

555-21/014-542

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10a.

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 13889

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elisabeth Henriette

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Twin (To be answered only in event of plural births)	1st	Yes	5 1 1913

FATHER		MOTHER	
FULL NAME	Godfried Fahrli	FULL MAIDEN NAME	Annie Husser
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housecraft

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 8.45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Queen

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

Filed 5/1 1913 R. Queen

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 13 1970

FEB 4 1970

FEB 9 1972

SEE
13-19979

316-223040-154

Form V. S. No. 11-C—15m-6-20-..

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 13890

No. ....., ... St.

Primary Registration District No. 1111

Registered No. 35

Hospital .....

FULL NAME OF CHILD Aled Lawrence

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	May 23 (Month) (Day) 191.. (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry J Lawrence	Maria Anderson
RESIDENCE	Wallace	Wallace
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	N. Dak.	Norway
OCCUPATION	N.P. Brakeman	House wife

Number of child of this mother, including present birth 2

Number of childrea, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10: P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Lawrence

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5/27 19.. St. Leo Dunsley

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

BIRTH

CERTIFICATE OF BIRTH

File No. 13890

Amended 11-20-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13891
Local Reg. No. 36
Reg. Dist. No. 28

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Irvin b. (Middle): Ceil c. (Last): Packer

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 19, 1913

FATHER OF CHILD

7. FULL NAME a. (First): Ceil b. (Middle): Valentine c. (Last): Packer

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): So. Dakota

10. USUAL OCCUPATION: Millman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Winifred b. (Middle): c. (Last): Pullen

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Mowery

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallace, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5/28/1913

22. REGISTRAR'S SIGNATURE: F. Leo Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 1964
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 13891

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ceil Irwin Packer (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's (Bible Record, Insurance Policy, Etc.) prepared on April 30 1964 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ceil Irwin Packer	Irvin Ceil Packer
Child's Date of Birth	May 18, 1913	May 19, 1913
Mother's First Name	Winifred	~~Winifred~~

Subscribed and sworn to before me this 30 day of April, 19 64

Notary Public, residing at Kooskia, Idaho

My commission expires October 1, 1964

(Seal)

Signed Winifred Packer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kooskia Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

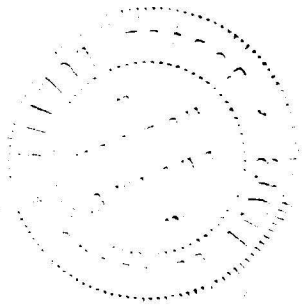
CL 3-30-64. one copy pd. rec. #17560.

Another Child's Birth Cert. on file: (Idaho Birth) #284964 gives full name of father as Irvin Ceil Packer - viewed by V.S.

Social Security Card, dated 3-4-37, #518-03-9055 gives full name as Irvin Ceil Packer - viewed by V.S.

Not. Photo Copy of Family Record, gives full name as Irvin Ceil Packer, born May 19, 1913 at Wallace, Idaho - married Carrie Stadtman in Lewiston, Idaho - appears old and unaltered - viewed by V.S.

Publisher's Record Card, year 1958-1959, gives full name of publisher as Irvin Packer, born May 19, 1913 - active in service-4-52; date immersed 5-25-52 ~~#####~~ viewed by V.S.



Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 28 File No. 13891

Primary Registration District No. 111 Registered No. 36

FULL NAME OF CHILD Ceil Irwin Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	May 18 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Ceil Valentine Packer	FULL MAIDEN NAME Winifred Pullen
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	So. Dakota	BIRTHPLACE Iowa
OCCUPATION	Millman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/28/ 19 13 Leo Dempsey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SC-168-1940-45 3

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1 1 21

County of Shoshone

City of Wallace Registration District No. 28 File No. 13892

No. Cedar St. Primary Registration District No. 1011 Registered No. 93

Hospital —

FULL NAME OF CHILD David Delaney Lohoefer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
	One	1st	Yes	May 6, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Gus A. Lohoefer	FULL MAIDEN NAME Gina Delaney
RESIDENCE	Wallace Idaho	RESIDENCE Wallace Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	53 (Years)	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Ore.
OCCUPATION	Saloon Keeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician (Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 2, 19 13 E. Leo Crowley

Registrar

S-Y CO., 16669

AUG 2 1 1944

813-205-006-462

PLACE OF BIRTH

[redacted] m V. S. No. 11-C—20m-2-15-12

STATE OF I[redacted]S
BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Buncombe

City of Groveland.

No. ..... St.

Registration District No. 13 File No. 13893

Primary Registration District No. 2052 Registered No. 77

Hospital .....

FULL NAME OF CHILD Olive Hale

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				april 5 1913

FATHER	MOTHER
FULL NAME Jonathan Hale	FULL MAIDEN NAME Mary R Moss
RESIDENCE Groveland.	RESIDENCE Groveland.
COLOR white	AGE AT LAST BIRTHDAY 38 (Years)
COLOR white	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Grantsville Utah	BIRTHPLACE Woods Cross Utah
OCCUPATION farmer	OCCUPATION house wife

Number of child of this mother, including present birth nine

Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Phoebe Gunnersall

(Physician or midwife)

Address Blackfoot Idaho R 1

Given names added from a supplemental report

..... 19.....

Filed April 9 19 13 W. E. Patric

Registrar

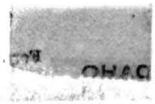
..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 10 1960

86-205-006-748

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Idaho

No. (Thomas) St.

Registration District No. 13 File No. 13894

Primary Registration District No. 2053 Registered No. 78

Hospital

FULL NAME OF CHILD Adelaide May Hoard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt H. Hoard	Louisa Spry
RESIDENCE	Blackfoot (Thomas)	Blackfoot (Thomas)
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Australia	Australia
OCCUPATION	Mine Foreman	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cellini (Born alive or stillborn), at 3 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

Physician

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 15 19 13 M. E. Patrie
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1963

JUN 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-205 0006-8-95

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 21 ... nor St.

Hospital

Registration District No. 13 — File No. 13895

Primary Registration District No. 1007 — Registered No. 79

FULL NAME OF CHILD Emmanuel Montgomery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	April 5 1913

FATHER

FULL NAME: Henry Montgomery

RESIDENCE: Blackfoot

COLOR: W — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Livryman

MOTHER

FULL MAIDEN NAME: Nellie Nixon

RESIDENCE: Blkfoot

COLOR: W — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 12 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Da... M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 25 19 13 W E Patrie

..... Registrar

Registrar

S-Y CO. 20174

713-09Y-072-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Bellefour

No. East Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13896

Primary Registration District No. 1007 Registered No. 8

FULL NAME OF CHILD ~~William~~ Palmer ANNIE JOSEPHINE PALMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			Yes	March 24th 1913

FATHER		MOTHER	
FULL NAME	Henry Palmer	FULL MAIDEN NAME	MARION Mary Livingstone
RESIDENCE	Bellefour	RESIDENCE	Bellefour
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

19..... Registrar

Address .....

Filed Apr 25 1913 W E Parke Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 13896

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Annie Josephine Palmer
Date	3/25/	March 24, 1913
Mother's name	Mary Laviston	Marion Craig Livingstone

Subscribed and sworn to before me this 18th day of Feb., 1943.

Notary Public, residing at Selma Ala

My commission expires 6/10/43
(Seal)

Signed Ralph E Knapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2000 Church St Selma Ala
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ala }
County of Dallas } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Feb., 1943.

Notary Public, residing at Selma, Ala

My commission expires June 10- 1943
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

MAR 2 0 1943

JAN 8 1975

617-254-2006-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Bellfoor

No. X. University St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13897

Primary Registration District No. 1007 Registered No. 5

FULL NAME OF CHILD Rachel Wagner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	March 21 1913

FATHER

FULL NAME Henry Wagner

RESIDENCE Bellfoor

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Germany

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Barbara Saylor

RESIDENCE Bellfoor

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Germany

OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 6 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Dawson

(Physician or midwife)

Address

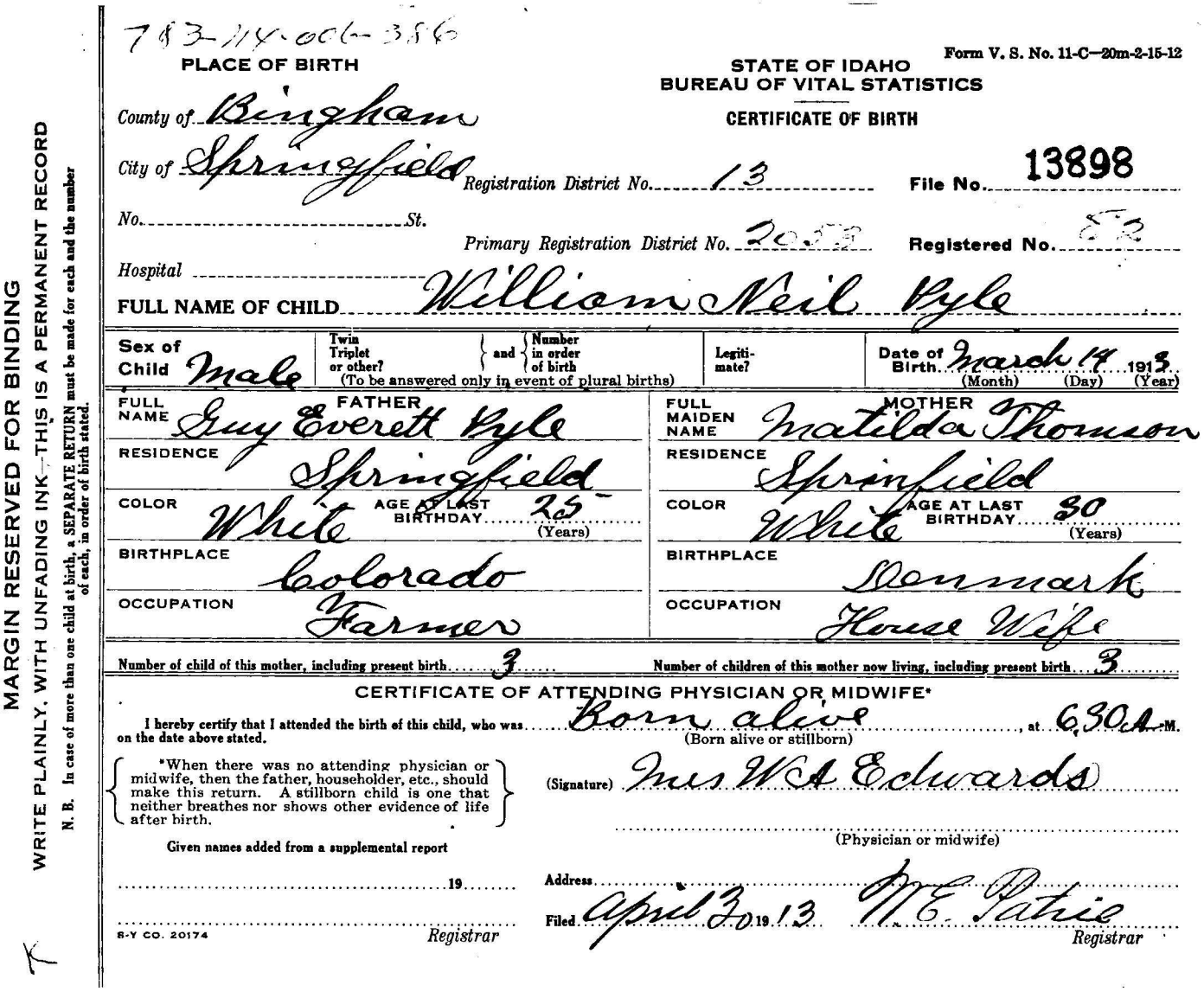
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 25 19 13 W. E. Pettit
Registrar

S-Y CO. 20174



7 83-114-006-3546

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield Registration District No. 13 File No. 13898

No. ..... St.

Primary Registration District No. 20 Registered No. 52

Hospital .....

FULL NAME OF CHILD William Neil Pyle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male				March 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Guy Everett Pyle	FULL MAIDEN NAME	Matilda Thomson
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colorado	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W A Edwards

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed April 30 19 13 M E Patrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1943

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. No Number Only

Registration District No. 13

Primary Registration District No. 1007

File No. 13899

Registered No. 83

Hospital No

FULL NAME OF CHILD MARY ELIZABETH Unnamed Stone

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth... Apr. (Month) 2 (Day) 1913 (Year)

FATHER

FULL NAME George R. Stone

RESIDENCE Blackfoot Ida

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Ida B. Miller

RESIDENCE Do

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address

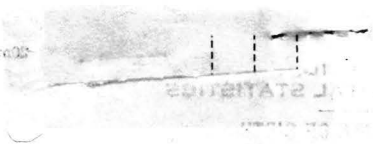
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 1 19 13 M E Patrie
Registrar

S-Y CO. 20174



On record No. 33 Year 1913.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California. }
County of Los Angeles. } ss.

Certificate No. 15899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Elizabeth Stone, (Name on Original Certificate) who born (Was Born or Died) on April 2, 1913. (Date of Event)
in Blackfoot, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on In the year 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Mary Elizabeth Stone

Subscribed and sworn to before me this 29th. day of July, 1942

K. L. Thomson

Notary Public, residing at Long Beach, Cal.

My commission expires My Commission Expires July 17, 1943
(Seal)

Signed Clarence Stone Rush
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2372 Roswell, Long Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Mrs Rush is age of Grandmother May 1913.

Subscribed and sworn to before me this
day of , 19 .

Signed W. E. Gabie MD.
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

AUG 3 1942

AUG 13 1942

319/106-006-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. None St.

Hospital No H

Registration District No. 13 File No. 13901

Primary Registration District No. 1007 Registered No. 84

FULL NAME OF CHILD Harry Woodrow Carlson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 6 1913

FATHER		MOTHER	
FULL NAME	Albert E. Carlson	FULL MAIDEN NAME	Anna Pearl Broadbent
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Fabrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 1 19 13 M E Fabrie
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1976

345-219-006-748

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 500 N Judicial St.

Hospital

Registration District No. 13 File No. 13902

Primary Registration District No. 1007 Registered No. 8

FULL NAME OF CHILD Unnamed Lindsay

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Apr 19 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Wm F. Lindsay	FULL MAIDEN NAME: Thelma Guy
RESIDENCE: Blackfoot Ida	RESIDENCE: Do
COLOR: W	AGE AT LAST BIRTHDAY (Years): 58
BIRTHPLACE: Utah	COLOR: W
OCCUPATION: Mail Carrier	AGE AT LAST BIRTHDAY (Years): 30
	BIRTHPLACE: Australia
	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address Blackfoot, Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 1 19 13 M E Patrie
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1967

38/721-006-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 1165 N. Judicial St.

Registration District No. 13 File No. 13903

Primary Registration District No. 1007 Registered No. 5

Hospital

FULL NAME OF CHILD Clarence Eugene Chandler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 21 1913

	FATHER	MOTHER
FULL NAME	Wm Wallace Chandler	Mary F. Chamberlain
RESIDENCE	Blackfoot Idaho	Do
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Utah	Mo
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 — a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 1 19 13 M E Patrie
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

619-116-006-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of 3 mi No Blackfoot Registration District No. 13 File No. 13904

No. — St.

Primary Registration District No. 2053 Registered No.

Hospital —

FULL NAME OF CHILD Unnamed Farnsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 16 1913

FATHER	MOTHER
FULL NAME: Francis M. Farnsworth	FULL MAIDEN NAME: Minnie K. Larson
RESIDENCE: Blackfoot R.F.D. #3	RESIDENCE: Do
COLOR: White	COLOR: W
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 10/60 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys (Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed May 5 1913 W. E. Petrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-22-1066-383

PLACE OF BIRTH

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Wallace Idaho

Registration District No. 13

File No. 13905

No. ____ St.

Primary Registration District No. 2053

Registered No. 89

Hospital ____

FULL NAME OF CHILD Ford Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	April 27 1913

FATHER	MOTHER
FULL NAME Foster B Howard	FULL MAIDEN NAME Ina Lytle
RESIDENCE Blackfoot Idaho #3	RESIDENCE Blackfoot Idaho #3
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE California	BIRTHPLACE Colorado
OCCUPATION Homemaker	OCCUPATION Homemaker

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

....19....

Address ____

Filed May 5 19 13 M. E. Fabrie

....Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1966

PLACE OF BIRTH Amended 8-10-54

395.229.4006-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 190 N. University St. Registration District No. 13 File No. 13906

Hospital Primary Registration District No. 1007 Registered No. 90

FULL NAME OF CHILD IVA GRACE LINDSEY

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
FEMALE			YES	APRIL 29 (Month) (Day) 192 13 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank K. Lindsey	FULL MAIDEN NAME	Leva V. Roberts
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed May 5, 192 13 W. E. Patrie

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 190 N. Umundy St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13907

Primary Registration District No. [illegible] Registered No. 270

FULL NAME OF CHILD Josephine Lindsay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	April 29 1913

FATHER	MOTHER
FULL NAME Frank K. Lindsay	FULL MAIDEN NAME Ivy B. Roberts
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Alabama
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Mitchell

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed May 5 19 13 M. E. Davis
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 9 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 13906
Date Filed May 5, 1913

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Josephine Lindsey (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1913 (Date of Event)
in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on July 13, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name ~~Lindsay~~	Lindsay	Lindsey
Name	Josephine	Iva Grace

Subscribed and sworn to before me this 5th day of August, 1954

Notary Public, residing at Pocatello Idaho.
My commission expires Oct 13, 1955
(Seal)

Signed Franklin Lindsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

590 w Clark Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 1954

Notary Public, residing at Pocatello, Idaho
My commission expires Oct 13 1955
(Seal)

Signed Lora Virginia Robertson Lindsey
(Signature of Any Credible Person)

#580 West Clark, Pocatello, Idaho.
(Street Address, City, State)

DPH 52.155

LDS Church Record. Iva Grace Lindsey-entered on record July 13, 1913
Bingham Stake, Ammon Ward Record of Births.

AUG 10 1954

414-109-206-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13907

Primary Registration District No. 2053 Registered No. 91

FULL NAME OF CHILD Harold Lee Ramey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 9 1913

	FATHER	MOTHER
FULL NAME	Roy R. Ramey	Aurora B. Cowan
RESIDENCE	Blackfoot Idaho	Blackfoot Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Express Agent	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 5 1913

..... Registrar

5-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/28/41 L. B.

369-152:606-281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital —

Registration District No. 13 File No. 13908

Primary Registration District No. 2053 Registered No. 92

FULL NAME OF CHILD Glen F. Twitchell.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	April 2 1913

	FATHER	MOTHER
FULL NAME	Fred C. Twitchell	Mary Shannon.
RESIDENCE	Blackfoot Idaho.	Blackfoot, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Twitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed May 5 1913 M. E. Patrie

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1962

FEB 2 3 1976

4433 J22-006-512

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 13909

No. ..... St.

Primary Registration District No. 2029 Registered No. 93

Hospital .....

FULL NAME OF CHILD Gordon mc Cauley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 22 1913

FATHER		MOTHER	
FULL NAME	Nelson mc Cauley	FULL MAIDEN NAME	Mary Cassidy
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen Ida

Filed Ap 23 19 13 McMacKinnon
Sub-Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Received May 10-1913 W. E. Patrie
Co. Registrar

MAR 17 1944

462-127006-214

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13910

Primary Registration District No. 2029 Registered No. 94

FULL NAME OF CHILD Kenneth Calvin Moser

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Ap 27 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin Moser	FULL MAIDEN NAME	Carrie Badertscher
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) at 11 25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCrackenmon MD

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Ap 28 19 13 McCrackenmon Registrar

Filed May 10-1913 W. E. Pabice, Co Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28-129-006-386

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13911

Primary Registration District No. 2029 Registered No. 95

FULL NAME OF CHILD Clinton Shaw

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Ap. 29 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Edward Shaw	FULL MAIDEN NAME	Rosetta Thorne
RESIDENCE	Sterling Ida	RESIDENCE	Sterling, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 8 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martin M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Ap 30 19 13 McCampbell
Registrar

..... Registrar

5-Y CO. 20174

Issued May 10-1913 W. E. Paine
Co Recorder

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

789-222-006-785

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 13912

No. ..... St.

Primary Registration District No. 2029 Registered No. 96

Hospital .....

FULL NAME OF CHILD Hazel Phillips

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	Ap. 22 1913

FATHER	MOTHER
FULL NAME Roy Phillips	FULL MAIDEN NAME Johanna Pherson
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12 30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mattie Kinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed 4-22 19 13 Mrs Mattie Kinnon

..... Registrar

Filed May 10-1913 W. E. Patric Co Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1945

JUN 18 1964

FEB 19 1969

469-26-5006-551

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13913
Local Reg. No. 97
Reg. Dist. No. 13

Amended 5/22/74

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 289 Bridge

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Madison

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edna

b. (Middle): Marie

c. (Last): Mortensen

4. SEX: Girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 5, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Leland

b. (Middle):

c. (Last): Mortensen

8. AGE (At time of this birth): 20 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Effie

b. (Middle):

c. (Last): Evans

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. L. P. Batway

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 15, 1913

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten above in compliance with this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 289 Bridge St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13913

Primary Registration District No. 1007 Registered No. 97

FULL NAME OF CHILD Josephine Martinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 5 (Year) 1913
Girl		yes	

FATHER		MOTHER	
FULL NAME	Leland Martinson	FULL MAIDEN NAME	Effie Evans
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batwoy

Midwife (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 15 1913 M E Price

Registrar

S-Y CO., 16669

JAN 24 1974

MAY 21 1974

VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 13913

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Josephine Martinson (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church record (Bible Record, Insurance Policy, Etc.) prepared on Aug 3, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Josephine Martinson	Edna Marie Mortensen
father's last name	Martinson	Mortensen

Subscribed and sworn to before me this 2nd day of May, 19 74
Vernon C. Mortensen
Notary Public, residing at Salem, Idaho
My commission expires 6-21-1977
(Seal)

Signed Forland H. Mortensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 19 74
Notary Public, residing at Salem, Idaho
My commission expires 6-21-1977
(Seal)

Signed Mrs Grace Mortensen
(Signature of Any Credible Person)

R 2 Rexburg Idaho 83440
(Street Address, City, State)

FORM DH 60-155 CL 1/24/74

Membership record of Edna Marie Mortensen Genta daughter of James Leland Mortensen and Effie Evans. born May 5, 1913 at Blackfoot, Idaho. Was Blessed Aug. 3, 1913 · Was Baptized Dec. 3, 1921. viewed by V. S.(from LDS Church)

Family Group record for James Leland Mortensen and Effie Ann Evans gives child's name as Edna Marie Mortensen. born May 5, 1913 at Blackfoot, Idaho. Married June 29, 1935 to Charles Anthony Genta. viewed by V. S.

352-[illegible]6293

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Wapello St.

Hospital

Registration District No. 13 File No. 13914

Primary Registration District No. 2053 Registered No. 98

FULL NAME OF CHILD Zola Mary Fancher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Malon D. Fancher	Celestia Mills Fancher
RESIDENCE	Wapello Idaho	Wapello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed May 15 19 13 M. E. Patrie
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1971

386-207-206-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13915

Primary Registration District No. 2029 Registered No. 99

FULL NAME OF CHILD Genoa May Thompson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	May 7 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles H Thompson	FULL MAIDEN NAME	Lucretia Humphrey
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	South Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed May 9 19 13 M C MacKinnon

S-Y CO. 20174

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1966

469-215-006-842

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13916

Primary Registration District No. 2029 Registered No. 100

FULL NAME OF CHILD Hazel Alice

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	May 15 1913

FATHER		MOTHER	
FULL NAME	David Archibald Morgan	FULL MAIDEN NAME	Mary Hubbell
RESIDENCE	Aberdeen Ida.	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 12 10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 15 1913 M. C. MacKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29b-125-006-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 13917

No. ____ St.

Primary Registration District No. 2029 Registered No. 101

Hospital ____

FULL NAME OF CHILD Charles Mordica Broderick

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 25 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Everitt Burns Broderick	FULL MAIDEN NAME Nellie Mann
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

....., 19.....

Filed May 26 19 13 McMackinnon

S-Y CO. 20174

Registrar

Registrar

c.c. 5/29/41. w.h.

764/124: acc. 462

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Yuma

Registration District No. 13 File No. 13918

No. ..... St.

Primary Registration District No. 2029 Registered No. 102

Hospital .....

FULL NAME OF CHILD Lot Kenneth Gough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 24 1913

FATHER		MOTHER	
FULL NAME	John Cyrus Gough	FULL MAIDEN NAME	Melinda Robinson
RESIDENCE	Yuma Ida	RESIDENCE	Yuma Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed May 26 19 13 M. C. Mackinnon

..... Registrar

Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-123-006-298

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 13 File No. 13919

Primary Registration District No. 2029 Registered No. 103

FULL NAME OF CHILD James Murray Morrison

Sex of Child: Male

Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May 28 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Asa Fisher Morrison	FULL MAIDEN NAME: Frankie Bryan
RESIDENCE: Aberdeen Ida	RESIDENCE: Aberdeen Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housemaid

Number of child of this mother, including present birth: Fifth

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M. D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed May 26 1913 McMcKinnon

S-Y CO. 20174

Registrar

Registrar

843-128-006-453

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13920

Primary Registration District No. 2029 Registered No. 104

FULL NAME OF CHILD Wm. Leroy Hull

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2nd	Yes	May 28 1913

FATHER	MOTHER
FULL NAME Owen Martin Hull	FULL MAIDEN NAME Nellie Meldrum
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M. D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 29 19 13 M. C. McKinnon Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/6/41 L. B.

843-128-1066-453

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

FULL NAME OF CHILD Wallace Delroy Hull

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 13 File No. 13921

Primary Registration District No. 2029 Registered No. 105

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	May 28 1913

FATHER

FULL NAME Owen Martin Hull

RESIDENCE Aberdeen Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Meldrum

RESIDENCE Aberdeen Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed May 29 1913 M. C. Mackinnon
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/6/41 L. B.

692-23-006-469

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13922

Primary Registration District No. 2029 Registered No. 106

FULL NAME OF CHILD Elizabeth Irene Fisher

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	May 31 1913

FATHER		MOTHER	
FULL NAME	Harry Fisher	FULL MAIDEN NAME	Belle Morgan
RESIDENCE	Tabor Ida	RESIDENCE	Tabor, Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1913 M. C. MacKinnon

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1974

814-126-0006-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Buchan

City of Blackfoot

No. R T & D #3 St.

Hospital —

Registration District No. 13 File No. 13923

Primary Registration District No. 2053 Registered No. 107

FULL NAME OF CHILD Wm Oscar Unnamed Hampton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	/	/	Yes	May 16 1913

FATHER		MOTHER	
FULL NAME	George U. Hampton	FULL MAIDEN NAME	Josephine Matheuson
RESIDENCE	Blackfoot R T & D #3	RESIDENCE	Blackfoot R T & D #3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Davis

(Physician or midwife)

Address —

Given names added from a supplemental report

....19....

....
Registrar

Filed June 1 19 13 M. E. Fabrie
Registrar

S-Y CO. 20174

MAR 1 0 1967

617-115-906-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Brigham

City of Rexburg

No. New Delivery St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13924

Primary Registration District No. 1007 Registered No. 108

FULL NAME OF CHILD Frances A. Farran

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M	—		—	Yes	Apr	18	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James T. Farran	FULL MAIDEN NAME	Edith McMillan
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 1. Number of childgen of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 1 19 13 M E Lahee

Registrar

S-Y CO. 20174

Registrar

APR 11 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-115 case-413

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. S. Shelley Ave.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13925

Primary Registration District No. 1007 Registered No. 109

FULL NAME OF CHILD Unnamed Heatley Macrae

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/		/	Yes	Apr 15 1913

FATHER		MOTHER	
FULL NAME	Alfred G. Heatley	FULL MAIDEN NAME	Ethel Macrae
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Retired	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Evans

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 1 19 13 M E Rutter

Registrar

S-Y CO. 20174

MAR 27 1942

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Brigham

City of Blackfoot

No. Shelling Ave St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13926

Primary Registration District No. 1007 Registered No. 160

FULL NAME OF CHILD Frederick H. Struck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 12 1913

FATHER		MOTHER	
FULL NAME	Erich Struck	FULL MAIDEN NAME	Hedwig Koepsel
RESIDENCE	Blackfoot Shelling ave	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Baggageman R.R.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4 40a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed June 1 19 13 W. E. Pabst

Registrar

5-Y CO. 20174

JUN 7 1947

615.101-0006-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Blackfoot Fork River

Registration District No. 19 File No. 13927

No. ..... St.

Primary Registration District No. 2053 Registered No. 111

Hospital Anson Mather

FULL NAME OF CHILD ~~Unnamed~~ Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 1 1913

	FATHER	MOTHER
FULL NAME	Francis D Hancock	Nellie P Manwill
RESIDENCE	Blackfoot Idaho	Do
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 1 19 13 M E Patrie

..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1975

94728 1906-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

~~City of~~ Portneuf

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13928

Primary Registration District No. 2053 Registered No. 112

FULL NAME OF CHILD Lorna Beryll Unnamed Rupp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 8 1913

FATHER		MOTHER	
FULL NAME	George Earl Rupp	FULL MAIDEN NAME	Ruby Baker
RESIDENCE	Blackfoot R 2 D # 1	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-06 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 19 13 W. E. Petrie Registrar

8-Y CO. 20174

Certified Copy issued Dec. 5, 1940. E.W.

MAY 17 1967

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PLACE OF BIRTH

County of Bingham

~~City of~~ Mapleton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13929

Primary Registration District No. 2953 Registered No. 113

FULL NAME OF CHILD Floyd Richard ~~Unnamed~~ Merkley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 10 1913

FATHER		MOTHER	
FULL NAME	Ray Edgar Merkley	FULL MAIDEN NAME	Frances Estella Peterson
RESIDENCE	Blackfoot R 7 D. No 3	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Petrie

Phys. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 1 1913 M E Petrie Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81X-107-006-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham — Registration District No. 13 — File No. 13930

City of Blackfoot — Primary Registration District No. 1007 — Registered No. 114

No. 20 Fisher St. — Hospital No

FULL NAME OF CHILD WALTER ELBERT Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 17 1913

FATHER	MOTHER
FULL NAME Arthur C. Hammond	FULL MAIDEN NAME Ellen Nord
RESIDENCE Blackfoot Idaho	RESIDENCE Do
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White — AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

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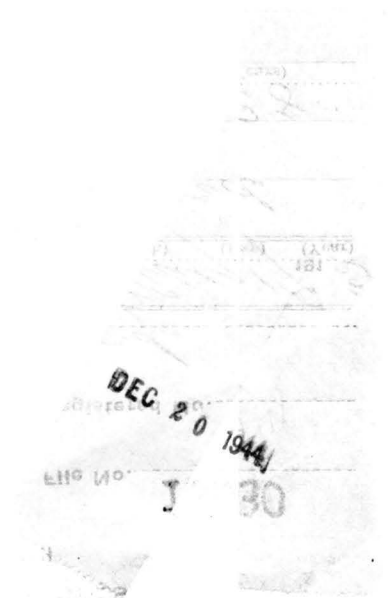
Registrar

Filed June 1 19 13 — M E Patrie
Registrar

8-Y CO. 20174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AMENDED - DECEMBER 7, 1949

PLACE OF BIRTH

819-126 2006-469

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13931

Primary Registration District No. 2053 Registered No. 115

FULL NAME OF CHILD David Reese Harman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 26 1913

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John R. Harman	FULL MAIDEN NAME	Mary Morgan
RESIDENCE	Blackfoot, Idaho Rt. 2	RESIDENCE	Blackfoot, Idaho Rt. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wales
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

(Signature) W. E. Patrie

Physician
(Physician or midwife)

Address .....

Filed June 1 1913 W. E. Patrie
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEC 6 1949
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13931

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	David Harmon	David Reese Harman
Father	John R. Harmon	John R. Harman

Subscribed and sworn to before me this 2 nd day of December, 19 49

Notary Public, residing at E. C. Taylor Blackfoot - Ida
My commission expires Jan 15th 1952
(Seal)

Signed Celia W. Dance
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

555 West Judicial - Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 nd day of December, 19 49

Notary Public, residing at E. C. Taylor Blackfoot - Ida
My commission expires Jan 15th 1952
(Seal)

Signed Mary P. Broadhead
(Signature of Any Credible Person)

Route #2 - Blackfoot - Ida
(Street Address, City, State)

Paid 1 Copy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Thomas Yard

No. Blackfoot St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 1393

Primary Registration District No. 2053 Registered No. 115

Hospital

FULL NAME OF CHILD David Harmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 26 1913

FATHER

FULL NAME: John R. Harmon

RESIDENCE: Blackfoot R.F.D. # 2

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Morgan

RESIDENCE: do

COLOR: W

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wales

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys (Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed June 1 19 13 W. E. Petrie
Registrar

8-Y CO. 20174

15X-228-006-625

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13 File No. 13932

No. — St.

Primary Registration District No. 2053 Registered No. 116

Hospital —

FULL NAME OF CHILD [redacted] Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Anderson	Emma C. Olsson
RESIDENCE	Blackfoot R.F.D. #2	Do
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrice

Phys.

(Physician or midwife)

Address —

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 1 19 13 W. E. Patrice
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1943

AUG 4 1964

249-22610 0k-713

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Idaho & Emmett

Registration District No. 13

File No. 13933

Primary Registration District No. 1007

Registered No. 117

Hospital

FULL NAME OF CHILD Mildred Vaughton Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 26 1913

FATHER		MOTHER	
FULL NAME	Harry Edward Smith	FULL MAIDEN NAME	Hazel Dale Justice
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 2 1913 M. E. Patrie
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

459.230.0006.396

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. none yet St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 13 File No. 13934

Primary Registration District No. 100 Registered No. 118

FULL NAME OF CHILD Grace Sessa Merrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 30 (Year) 1913
Girl				

FATHER		MOTHER	
FULL NAME	Archibald Merrell	FULL MAIDEN NAME	Nettie Broadhead
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT BIRTH	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Address

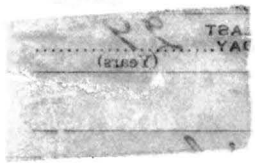
Given name added from a supplemental report

[redacted], 19....

[redacted] Registrar

Filed June 2, 19 13 W. E. Patrick Registrar

S-Y CO., 16669



469-139-1006-494

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 409 Alice St.

Hospital

Registration District No. 13

File No. 13935

Primary Registration District No. 1007

Registered No. 119

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 29 1913

FATHER	MOTHER
FULL NAME: James O. Morgan	FULL MAIDEN NAME: Matte Dimock
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Blacksmith	OCCUPATION: Housework

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 8.36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. McCord

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 4, 1913 M. E. Petrie
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-18 256-153

Amended 9-7-73 (Be sure the information is complete and accurate)

State File No. 13936
Local Reg. No. 120
Reg. Dist. No. 13

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 334 N. Ash

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Francis b. (Middle): Beckley c. (Last): Butler

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 28, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Ralph b. (Middle): F. c. (Last): Butler

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Colorado

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Carrie b. (Middle): c. (Last): Beckley

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Colorado

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED: June 4, 1913

21. DATE REC'D BY LOCAL REG.: June 4,1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 334 N. Ash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 13936

Primary Registration District No. 1007 Registered No. 120

FULL NAME OF CHILD Marion Beckley Butler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mall			yes	May 28 1913

FATHER		MOTHER	
FULL NAME	Roy F. Butler	FULL MAIDEN NAME	Carrie Beckley
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Col	BIRTHPLACE	Col
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. McCarroll

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed June 4 1913 W. E. Patrick
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1961

SEP 1 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9-6-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 6 5 21 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 13936

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marion Beckley Butler (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1913 (Date of Event)

in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Marion Beckley Butler	Francis Beckley Butler
Father's name	Roy F. Butler	Ralph F. Butler

Subscribed and sworn to before me this 6th day of Sept, 19 73

E. Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mary E. Case
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

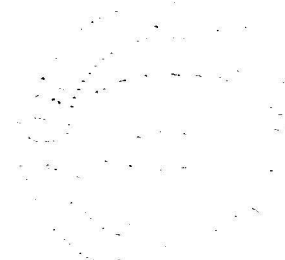
.....
(Street Address, City, State)

FORM DH 60-155

ICP PD

Obituary written up in April of 1943 for Carrie Lenore Butler gives name of Husband as Ralph F. Butler. Marriage was February 24, 1907. Viewed by V.S.
Family Bible Record lists name of child as Francis Beckley Butler born May 28, 1913 inBlackfoot, Idaho. Parents are listed as ~~Dora Butler~~ Carrie Beckley and Ralph F. Butler. Family Record obviously old.
Viewed by V.S.

Certificate of marriate gives name of Ralph Butler married to Carrie Beckley in the State of Colorado on Feb. 23, 1908. Certificate of Marriage issued from Delta County in Colorado.
Viewed by V.S.
Notice of Classification issued to Francis Beckley Butler gives name correctly as stated. Card issued October 23, 1943 by the Bingham County Selective Service Local Borad # 92.
Viewed by V.S.



(Child was born in the home of an Uncle Roy and the Dr. put the Uncle's name on instead of the father.)

433-120-006 291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 386 Shelling Ave

Registration District No. 13

File No. 13937

Primary Registration District No. 1007

Registered No. 171

Hospital

FULL NAME OF CHILD: Jack Bramwell McCowan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1913

FATHER	MOTHER
FULL NAME: Joseph D McCowan	FULL MAIDEN NAME: Josephine Bramwell
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Dry Goods Clerk	OCCUPATION: Housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Woodard

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed January 4 1913 W. E. Petrie
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1973

2/6/41 L. B.

343-1:00 ob 168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Ririe

No. ..... St.

Registration District No. 13 File No. 13938

Primary Registration District No. 2053 Registered No. 122

Hospital

FULL NAME OF CHILD Joseph Edward Culbertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 11 1913

FATHER

FULL NAME: Wilber D Culbertson

RESIDENCE: Blackfoot, Idaho #2

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edith Johnson

RESIDENCE: Blackfoot, Idaho #2

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 4 19 13 M. C. Patrick Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 Z.J.

338
JUN 25 1941

3580-28 · 09 Issued 8-7-70

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C-1948-5-12

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ____ St.

Hospital ____

Registration District No. 13 File No. 13939

Primary Registration District No. 2053 Registered No. 173

FULL NAME OF CHILD Agnes "M" Thompson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Female			yes	May 28 1913

FATHER		MOTHER	
FULL NAME	Claude Monroe Thompson	FULL MAIDEN NAME	Ciprian Farmer
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Mother

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allison Crawford
Midwife
(Physician or midwife)

Address Blackfoot R. F. D. No 2

Given names added from a supplemental report

....19....

Filed June 4 19 13 W. E. Pattie
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

MAY 7 - 1970

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13939

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Agnes Thomson (Name on Original Certificate) who born (Was Born or Died) on May 28, 1913 (Date of Event)
in Thomas (R 4 Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal knowledge & Family Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Agnes Thomson	Agnes Thompson
name -Fathers	Claude Monree Thomson	Claude Monree Thompson

Subscribed and sworn to before ~~me~~ this 6 day of May, 1970

Signed Ellen T Clark (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Blackfoot

My commission expires 1971

(Seal)

1597 W. Center Blackfoot Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of May, 1970.

Signed George H Clark (Signature of Any Credible Person)

Notary Public, residing at Blackfoot

My commission expires 1971

(Seal)

1597 W. Center Blackfoot Idaho (Street Address, City, State)

FORM DH 60-155

Church Record of Birth gives name as Agnes "M." Thompson born May 28, 1913 at Blackfoot, Bingham County Idaho. Father's name as Claud M. Thompson and mother's maide name Elfreda Tanner. Recorded in Boise Stake, Glenns Ferry Branch. Entered on Record Oct. 2, 1921.
Viewed by V.S.

MAY 7 1970
MAY 12 1970

Marriage certificate of father gives name as Claud "M." Thompson married to Elfreda Tanner on June 21, 1910 in Beaver County, Utah.
Viewed by V.S.

Family Record of childs birth lists name as Agnes "M." Thompson born May 28, 1913 at Blackfoot, Idaho. Father's name Claud M. Thompson and mother's name is Elfreda Tanner
Record obviously old.
Viewed by V.S.

295-126-006-219

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 1 St.

Hospital No

Registration District No. 13 File No. 13940

Primary Registration District No. 2053 Registered No. 124

FULL NAME OF CHILD MELVIN LIONAL Kinney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 26, 1913

FATHER		MOTHER	
FULL NAME	Jacob Kinney	FULL MAIDEN NAME	Rhod Bailey
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth seven

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. C. Bateman

Midwife (Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 13 1913 W. E. Tabie

Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Cassia)

Certificate No. 13940

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Joseph Kinney who was born on May 25, 1913 in Blackfoot, Idaho are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by prepared on are:

(birth or death) (Name on original certificate) (was born or died) (Date of event) (Place of event) (Bible record, insurance ~~plcy.etc.~~) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Joseph Kinney	Melvin Lional Kinney
Birthdate	May. 25, 1913	May. 26, 1913

Subscribed and sworn to before me this 4 day of October 1941

Signed Joseph Clearwood Kinney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jenny W. Tucker
Notary Public
Residing at [redacted], Burley, Idaho
(Street address, City, State)

My commission expires June 1, 1942

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Cassia)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of October 1941

Signed Simon Kinney
(Signature of any credible person other than the previous affiant.)

Jenny W. Tucker
Notary Public
Residing at Burley, Idaho
(Street address, City, State)

My commission expires June 1, 1942
(SEAL)

JUL 15 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

...V. S. No. 11-C—20m-2-15-12

City of Rigby

Registration District No. 9

File No. 13941

No. ..... St.

Primary Registration District No. 2040

Registered No. 296

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	L		L	yes	June 8 1913

FATHER		MOTHER	
FULL NAME	D. M. Denning	FULL MAIDEN NAME	Carol James
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray A. Fisher, M.D.

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 Ray A. Fisher Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Registration District No. 4 File No. 13943

Primary Registration District No. 2040 Registered No. 294

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes,	May 21 [illegible]

FATHER		MOTHER	
FULL NAME	Milburn Poole	FULL MAIDEN NAME	Della Clark
RESIDENCE	Menan.	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Merton

(Physician or midwife)

Address Menan, Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray H. Fisk M.D.

S-Y CO. 20174 Registrar

Registrar

FEB 15 2006

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parkinsville (Irwinville)

Registration District No. 9

File No. 13944

No. ____ St.

Primary Registration District No. 2040

Registered No. 293

Hospital ____

FULL NAME OF CHILD Vera Thomson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes.	Apr. 30. 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Thomson	Lora Goody
RESIDENCE	Parkinsville.	Parkinsville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 19 13 Ray H. Fisher, M.D.

Registrar

S-Y CO. 20174

Registrar

SEP 27 1950

115-21-02-2613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] STATISTICS

[redacted] TH

County of Fremont

City of Lewisville

Registration District No. 9

File No. 13945

No. ____ St.

Primary Registration District No. 2040

Registered No. 292

Hospital ____

FULL NAME OF CHILD Angus R. Raty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Angus Raty	Lyle Weeks
RESIDENCE	Lewisville	Lewisville.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Fisher. M.D.

(Physician or midwife)

Address Reglay Idaho

Given names added from a supplemental report

....19....

Filed June 6 1913 Ray S. Fisher M.D.

Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIR

JUL 2 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13946

Primary Registration District No. 20.40 Registered No. 789

FULL NAME OF CHILD Afton Alessa Smith

Sex of Child F | Twin Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth May 3 (Month) 1 (Day) 191 (Year)

FATHER

FULL NAME Chas. Smith.

RESIDENCE Lorenzo

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Brown

RESIDENCE Lorenzo.

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. L. Wheeler

(Physician or midwife)

Address Lorenzo R.F.D.

Given names added from a supplemental report

..... 19.....

Filed June 10 19 15 Ray St Fisher M.D.

..... Registrar

Registrar

S-Y CO. 20174

MAY 24 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

70[illegible]-022-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9

File No. 13947

No. ____ St.

Primary Registration District No. 2040

Registered No. 287

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 11 1913

FATHER		MOTHER	
FULL NAME	Ewalt Poole	FULL MAIDEN NAME	Elizabeth Stevens
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 5.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 Ray H. Fisher

Registrar

8-Y CO. 20174

Registrar

OCT 1 5 1973

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13948

Primary Registration District No. 2-40 Registered No. 286

FULL NAME OF CHILD Emmett Sapance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	4-5-3 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex Sapance	Jane Fisher
RESIDENCE	Annis	Annis
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	~~Idaho~~ Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. E. Melton

(Physician or midwife)

Address Menan Ida

Filed June 10 19 13 Ray W. Fisher Registrar

S-Y CO. 20174

6/4/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16-220-022395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

Registration District No. 9

File No. 13949

No. ..... St.

Primary Registration District No. 2040

Registered No. 281

Hospital .....

FULL NAME OF CHILD Priscilla Irene Morrison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	5-20-13

FATHER		MOTHER	
FULL NAME	Chas. Morrison	FULL MAIDEN NAME	Gladie Crossman
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Penn.	COLOR	W
OCCUPATION	Trucker	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	So. Dakota
		OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones, D.O.
osteopath
(Physician or midwife)

Address Roberts Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10, 1913 Ray M. Fisher
Registrar

..... Registrar

S-Y CO. 20174

AUG 18 1949

11-2-11

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

332-130 722-845

County of Fremont

City of Grant

No. ..... St.

Hospital .....

[redacted] TICS

[redacted] BIRTH

Registration District No. 9 File No. 13950

Primary Registration District No. 7040 Registered No. 279

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	May 30 1913

	FATHER	MOTHER
FULL NAME	Joseph Sisters	Lilly Huntsman
RESIDENCE	Grant	Grant
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:19 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray Hinkes. M.D.

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 Ray Hinkes

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ID
BUREAU OF VITAL S

CERTIFICATE OF

14-217-022-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital

Registration District No. 9

Primary Registration District No. 2040

File No. 13952

Registered No. 276

FULL NAME OF CHILD Elsmina Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	March 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mr Adams.	Odetta Hatfield.
RESIDENCE	Irwin	Irwin
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fuller MD

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10. 1913 Ray H. Fuller MD

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

x66-215-022-766

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13953

Primary Registration District No. 2040 Registered No. 275

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes.	May 11 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lee Hart	FULL MAIDEN NAME	Emily Coates
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	17 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Jno. Melton

(Physician or midwife)

Address Rigby—Idaho.

Filed June 10, 1913 Ray H. Linker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

NOV 1 7 1989

SEE 18-59548

168-122-2225-9

Form V. S. No. 11—10m-2-15-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13959

Primary Registration District No. 2040 Registered No. 274

FULL NAME OF CHILD LORENZO WARDEN JOHNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 29 1915

FATHER		MOTHER	
FULL NAME	Joseph Johnston	FULL MAIDEN NAME	Nellie Serpent
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:40 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) D. E. Melton

(Physician or midwife)

Address Menan

Filed June 10 19 15 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Glacier } ss.

Certificate No. 13954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorenzo Warden Johnson (Name on Original Certificate) who was born (Was Born or Died) on May 22 - 1913 (Date of Event)
in Jefferson County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorenzo Warden Johnson

Subscribed and sworn to before me this 27
day of April, 1943

F. I. Vanderpool
Notary Public, residing at Cut Bank

My commission expires 10-10-1942
(Seal)

Signed Bettie M. Johnson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cut Bank, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1943

MAY 3 1943

645.129.022.356

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

County of Fremont

City of Roberts

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13955

Primary Registration District No. 2040 Registered No. 273

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	May 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Fruch	Francis Demstra
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	43
BIRTHPLACE	Iowa	Wis.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. Melton

(Physician or ~~midwife~~)

Address Menan Idaho.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed June 10 1913 Ray H. Finch M.D. Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155.228.02.396

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Le Bell

No. ..... St.

Hospital

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13956

Primary Registration District No. 2040 Registered No. 247

FULL NAME OF CHILD Alice Bendlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	2	yes	Apr 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Bendlin	Nora Cromwell
RESIDENCE	Le Bell	Le Bell
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	20 (Years)
BIRTHPLACE	Germany	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby,

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray Stanner

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 13956
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Alice Bendlin (Birth or death)
for Alice Bandlin (Name on original certificate) who (Was born ~~or died~~) on April 28, 1913 (Date of event)
in Rigby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname of father and child	Bandlin	Bendlin

Subscribed and sworn to before me this 20
day of October, 1941
Angie P. Ragan
Notary Public, residing at Costa Mesa, Calif
My commission expires October 4, 1944
[SEAL]

Signed Alice Bendlin (Gould)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1752 Santa Ana Ave., Costa Mesa California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of October, 1941
Angie P. Ragan
Notary Public, residing at Costa Mesa, Calif
My commission expires October 4, 1944
[SEAL]

Signed August Bendlin
(Signature of any credible person other than the previous affiant.)
1752 Santa Ana Ave., Costa Mesa Calif
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

10-24-41

213-24-022-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2040

File No. 13957

Registered No. [redacted]

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	June 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudger Ball	Lucy Morgan
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 19 13 Ray St. Clair Registrar

W. M. P.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-125-022-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13958

Primary Registration District No. 2040 Registered No. 241

FULL NAME OF CHILD William Wells Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V	V	Yes	May 25 1913

FATHER		MOTHER	
FULL NAME	Alfred M. Palmer	FULL MAIDEN NAME	Bertha V. Wells
RESIDENCE	Rigby,	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Menan, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Ray F. Fisher Registrar

C. M. B.

8-Y CO. 20174

FEB 25 1942

155-13-022-912

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Gorfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13959

Primary Registration District No. 2040 Registered No. 240

FULL NAME OF CHILD Merlin Severson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Yes	1st	Yes	May 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Severson	Agnes Rasmussen
RESIDENCE	Gorfield	Gorfield
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	47	38
BIRTHPLACE	Norway	Idaho
OCCUPATION	[illegible]	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Paxton M. D.

(Physician or midwife)

Address Rigby, Idaho.

Given names added from a supplemental report

..... 19.....

Registrar

Filed May 31 1913 Ray Fisher M.D.

Registrar

S-Y CO. 20174

255-13-02-912

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Jerome

City of Jerfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 13960 Begin June 10

Primary Registration District No. 2040 — Registered No. 239

FULL NAME OF CHILD Morris Severson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Yes	2nd	Yes.	May 31 1913

FATHER		MOTHER	
FULL NAME	Oscar Severson	FULL MAIDEN NAME	Agnes Rasmussen
RESIDENCE	Garfield.	RESIDENCE	Garfield.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Norway.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 13. Number of children of this mother now living, including present birth 04

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (born alive or ~~stillborn~~), at 1a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton MD

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

Filed May 31 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-10-22-869

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

Name added 3-18-81

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13961

Primary Registration District No. 2040 Registered No. 246

FULL NAME OF CHILD Ethel LaVerne Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			ya	June 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. H. Bush	FULL MAIDEN NAME	Sarah Horne
RESIDENCE	Rigby,	RESIDENCE	Rigby,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Robinson

(Physician or mid-wife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray O'Dell Registrar

..... Registrar

A. M. D.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1L

3-11-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
MAR 17 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Fremont } ss.

Certificate No. 13961
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bush (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-7-13 (Date of Event)

in Rigby (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ethel LaVerne Bush

Subscribed and sworn to before me this 12th day of March, 1981.

Notary Public, [signature]
Residing at Ashton Idaho
My commission expires Life Time
(Seal)

Ethel LaVerne Hallam
Signature of Applicant

Ashton, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1981.

Notary Public, [signature]
Residing at Ashton Idaho
My commission expires Life time
(Seal)

Laurence L Stum
Supporting Signature

Box 236 Ashton, Idaho 83420
Street Address, City, State

1 cc pd

Certificate of Blessing gives name as Ethel Lavern Bush daughter of William H. Bush and Sarah A. Thorne, born June 7, 1913 at Rigby, Idaho. Belssed July 6, 1913, in L.D.S.Church.
Viewed by V.S.

Certificate of Baptism and Confrimation gives name as Ethel Lavern Bush daughter of William Henry Bush and Sarah Thorne, born Jun e 7, 1913 at Rigby, Idaho. Baptized July 2, 1923.
Viewed by V.s

313-212-022-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13962

Primary Registration District No. 2040 Registered No. 245

FULL NAME OF CHILD Vay Deniece Later

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	1	Yes	April 17 1913

FATHER		MOTHER	
FULL NAME	Dan Later	FULL MAIDEN NAME	Lena Hays
RESIDENCE	Rigby,	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Galmes

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray D. Peake Registrar

..... Registrar

S-Y CO. 20174

MAY 3 1949

75 X 20 Y 022-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2040

File No. 13963

Registered No. 244

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 4 1915

FATHER

FULL NAME: Fred Jensen

RESIDENCE: Rigby,

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Cora Gordon

RESIDENCE: Rigby,

COLOR: W

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

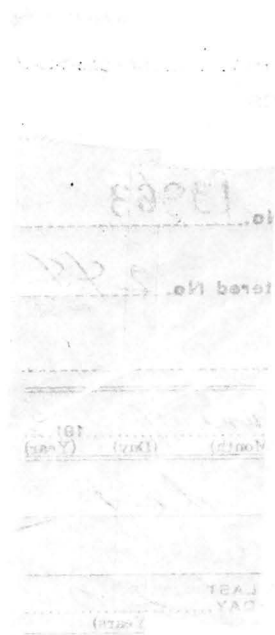
..... 19.....

Filed June 10 19 15 Ray H. Dake

Registrar

..... Registrar

8-Y CO. 20174



493-20-0072-291

PLACE OF BIRTH

County of Fremont

City of Ganfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13964

Primary Registration District No. 2040 Registered No. 243

FULL NAME OF CHILD Melba Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 9 1913

FATHER		MOTHER	
FULL NAME	C. A. Miller	FULL MAIDEN NAME	Marjorie Bramwell
RESIDENCE	Ganfield.	RESIDENCE	Ganfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Ida.

Filed June 10 1913 Ray D. Fuller Registrar

Ans.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 3 1 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 11 11 36 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 13964

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (female) (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1913 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Melba Miller

Subscribed and sworn to before me this 5th day of February, 1976

Jerry Thompson

Notary Public, residing at Rigby

My commission expires 9-20-78

(Seal)

Signed Molly J. Wederkehr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1976

Jerry Thompson

Notary Public, residing at Rigby

My commission expires 9-20-1979

(Seal)

Signed Verrell S. Stone
(Signature of Any Credible Person)

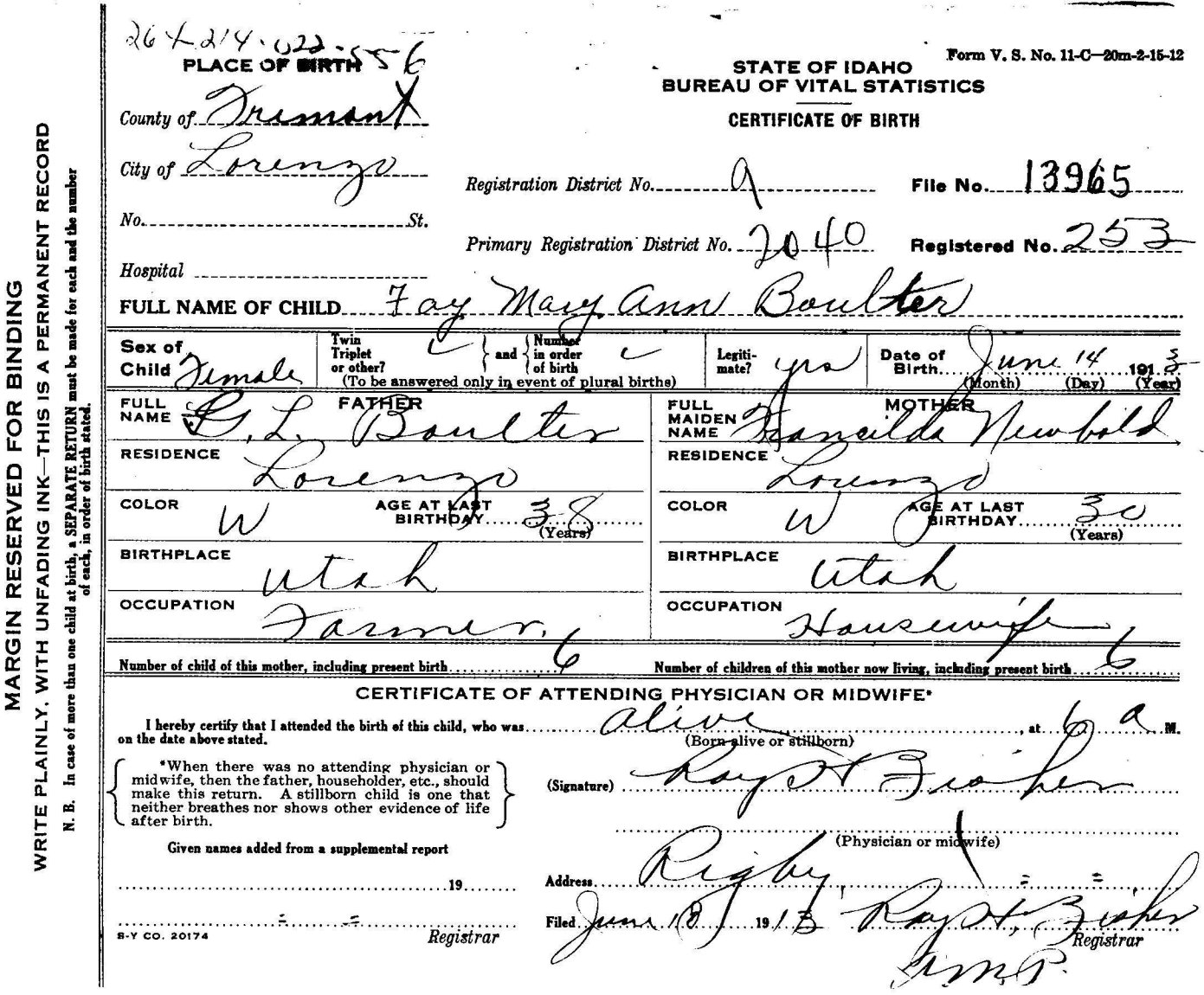
(Street Address, City, State)

FORM DH 60-158 CL 12/30/75

Own child's birth certif on file in Idaho give s child's name as Margery Jane Ragan born 1-27-39 in Blackfoot (#275698) Raymond Kenneth Ragan as the father and mother's name listed as Melba Miller. viewed by V. S.

MAR 4 1976

Certificate of Proficiency from South-Western Publishing Co. gives name as Melba Miller. dated May 22,1930. viewed by V. S.



26-214-022-556

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13965

Primary Registration District No. 2040 Registered No. 253

FULL NAME OF CHILD Fay Mary Ann Boulter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	C	C	yes	June 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. L. Boulter	FULL MAIDEN NAME	Hazelda Newbold
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) Ray A. Fisher

(Physician or midwife)

Address Rigby

Filed June 18 1913 Ray A. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from 341110
5-10-42

DUP OF 1913-341110

264-214026-556

341110

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Fay Mary Ann Boulter

5. Date of Birth of Child (Month, day, year) June 14-1913

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George L. Boulter
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Draper, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francilda Newbold.
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Draper, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Lucy Hardcastle (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francilda Boulter Signature
Rigby---Idaho P. O. Address

Subscribed and sworn to before me this 13 day of April, 19 42

(SEAL) Beulah R. Ramsdell Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

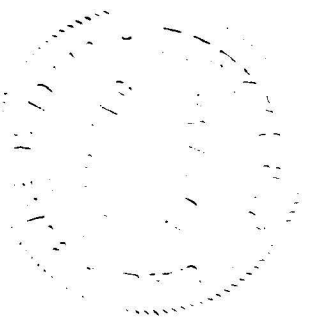
Received for filing on APR 14 1942 by Ilene E. Erickson, Registrar.

APR 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

213-114-022-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13966

Primary Registration District No. 2040 Registered No. 252

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Balmforth	Sarah A. Hill
RESIDENCE	Rudy	Rudy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Utah	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Fowler

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

Filed June 19 1913 Ray S. Fowler Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13967

Primary Registration District No. 2040 Registered No. 257

FULL NAME OF CHILD Ryland Townsend Lufkin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	May 7 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo L. Lufkin	FULL MAIDEN NAME	Alice A. Hoge
RESIDENCE	Annis Ida.	RESIDENCE	Annis
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4:30 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Roy H. Baker Registrar

..... Registrar

Am G.

S-Y CO. 20174

File No.

Registered No.

RECEIVED
APR 28 4 54 PM 75
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 13967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Yb Unnamed Lufkin (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1913 (Date of Event)
in Annis (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Ryland Townsend Lufkin

Subscribed and sworn to before me this 24 day of April 1975

Robert J Barnes
Notary Public, residing at Lewisville
My commission expires May 26, 1977
(Seal)

Signed David E Lufkin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1975

Robert J Barnes
Notary Public, residing at Lewisville
My commission expires May 26, 1977
(Seal)

Signed Alice G. Lufkin
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 RUSH - fc - Correction corresp. (L)

A child born July 23, 1938 in Lorenzo, Idaho, state file # 269497, gives name of father as Ryland Townsend Lufkin.
Viewed by V.S.

APR 2 9 1975

Certificate of Baptism and Confirmation gives name as Ryland Townsend Lufkin son of George T. and Alice Ann Lufkin born ~~August 6, 1921~~ May 7, 1913 and Baptized Aug 6, 1921 by L.D.S.Church.
Viewed by V.S.

765-102-022-341

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rigby.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13968

Primary Registration District No. 2040 Registered No. 250

FULL NAME OF CHILD Wm Alfred Gordon.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	May 2 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Omer Samuel Gordon.	FULL MAIDEN NAME	Ruth Chandler
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 10 A. M. on the date above stated.

(Signature) H. A. Anderson.

(Physician or midwife)

Address Rigby, Ida.

Filed June 10 19 13 Ray St. Tichenor Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 2 1 1967

28/-101-022-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13969

Primary Registration District No. 2040 Registered No. 249

FULL NAME OF CHILD Thorp

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	L	L	Yes	May 1 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Maurice Thorp	FULL MAIDEN NAME	Isabella Dorrieux
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson, M.D.

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray H. Smith Registrar

..... Registrar

8-Y CO. 20174

JAN 2 6 1975

168-220-022-566

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 11 File No. 13970

Primary Registration District No. 2040 Registered No. 243

Hospital

FULL NAME OF CHILD Bertha Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 20 1913

FATHER		MOTHER	
FULL NAME	Fountain Johnson	FULL MAIDEN NAME	Bertha J. Howe
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson, M.D.

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Roy O. Dewsnup Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1974

558-201-022-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 13971

Primary Registration District No. 2040 **Registered No.** 270

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	June 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. H. Heyman	L. E. Larson.
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	26
BIRTHPLACE	Canada	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton.

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray St. Fisher a. m. P. Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-14-012-893

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13972

Primary Registration District No. 2040 Registered No. 269

FULL NAME OF CHILD Floyd L. Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	1	Yes	June 11 1913

FATHER

FULL NAME Geo. Watson

RESIDENCE Annis

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lucinda Dille

RESIDENCE Annis

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed June 14 19 13 Ray St. Parker Registrar

..... Registrar

S-Y CO. 20175

6/6/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of LaBelle

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13973

Primary Registration District No. 2040 Registered No. 264

FULL NAME OF CHILD Elmo Joseph Lords

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Joe Lords	FULL MAIDEN NAME	Susan Farnsworth
RESIDENCE	LaBelle	RESIDENCE	LaBelle
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray D. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed June 20 1913 Ray D. Fisher Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-B-2(C-C72-8/9

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Moody Creek, Registration District No. 9 File No. 13975

No. ..... St. Primary Registration District No. 2039 Registered No. 272

Hospital .....

FULL NAME OF CHILD May Constance Fawcett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	May 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Fawcett	Mary C. Hoffman
RESIDENCE	Moody Creek	Moody Creek
COLOR	W.	
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Sarah K. Saxton

(Physician or midwife)

Address Rigby Idaho

Filed June 10 1913 Ray Hicks Registrar

8-Y CO. 20175

386-205-021-2573

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 13976

Primary Registration District No. 2039 Registered No. 262

FULL NAME OF CHILD Maude Thornock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	May 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Heber W. Thornock	FULL MAIDEN NAME	Wanda Peterson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Crimmons

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed June 10, 1913 Ray H. Fisher
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 10 9 57 AM '72

State of ..... } ss.
County of ..... }

Certificate No. 13976

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thornock (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child' sname	Unnamed	Maude Thornock

Subscribed and sworn to before me this 28TH day of
AUGUST, 1972
James M. Week
Notary Public, residing at EPHRATA
My commission expires DEC. 13, 1974
(Seal)

Signed Richard C. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of GRANT }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28TH day of
AUGUST, 1972
James M. Week
Notary Public, residing at EPHRATA
My commission expires DEC. 13, 1974
(Seal)

Signed Irene Peterson
(Signature of Any Credible Person)

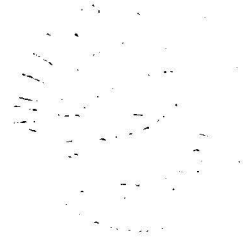
(Street Address, City, State)

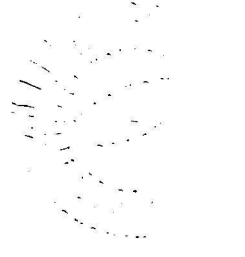
FORM DH 60-155 CL 8/16/72

SEP 5 1972

Certif. of Baptism and Confirmation from LDS Church gives name as Maude Thornock daughter of Heber Wm. Thornock and Wanda S. Peterson. Born May 5, 1913 at Rexburg, Idaho. Was Bpatized July 2, 1921 and Confirmed July 3, 1921. Viewed by V. S.

Certificate of Membership to LDS Church gives name as Maude Thornock West. Daughter of ~~XXXXx~~ Heber W. Thornock and Wanda Peterson. Born May 5, 1913. Was Blessed Junel, 1913. Viewed by V. S.





43-D-022-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Hibbard~~ Rexburg.

Registration District No. 9 File No. 13977

No. ..... St.

Primary Registration District No. 2039 Registered No. 263

Hospital .....

FULL NAME OF CHILD Louis Ross Blattner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	~	~	yes	May 29 1913

FATHER

FULL NAME: Louis C. Blattner

RESIDENCE: Home

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lillie Loosley

RESIDENCE: Home

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 7 a. M. on the date above stated.

(Signature) Magdalena Wals, M.D.

(Physician or midwife)

Address Rexburg,

Filed June 10 1913 Roy A. Burton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

OCT 1 0 1969

149-106-022-689

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13978

Primary Registration District No. 2039 Registered No. 254

FULL NAME OF CHILD LOUIS ESPI AURINGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Auringer	Hannah A. White
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Montana	Utah
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espen

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 W. Ray H. Fisher Registrar

..... Registrar

amg

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1973

AUG 24 1976

c.c. 5/21/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

68-212-022-479

PLACE OF BIRTH — amended 5/12/80

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hubert

No. ..... St.

Hospital

Registration District No. 9 File No. 13979

Primary Registration District No. 2039 Registered No. 260

FULL NAME OF CHILD Annie Johanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Apr. 12 1913

FATHER		MOTHER	
FULL NAME	Joseph A. Johanson	FULL MAIDEN NAME	Anna W. Blunck
RESIDENCE	Hubert	RESIDENCE	Hubert
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Regina Pfost

(Physician or midwife)

Address Hubert, Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 19 13 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 20174

a.m.p.

3-12-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss. APR 3 12 42 PM '80

Certificate No. 13979
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Annie Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 12, 1913 (Date of Event)
in Herbert (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Annie Johnson	Annie Johanson
fathers name	Joseph A. Johnson	Joseph A. Johanson

Subscribed and sworn to before me this 20th day of March, 1980.
Notary Public, Jane Meeks
Residing at Rexburg, Idaho 83440
My commission expires 11-18-81
(Seal)

Annie J. Zollinger
Signature of Applicant
Island Park Idaho 83429
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1980.
Notary Public, Jane Meeks
Residing at Rexburg, Idaho 83440
My commission expires 11-18-81
(Seal)

Blanche J. Madsen
Supporting Signature
#1 East 2nd No. Rexburg Idaho
Street Address, City, State

Marriage license from Utah gives names Vern Zollinger and Annie Johansen. dated Oct 20, 1936, ~~xxxx~~ viewed by V. S.

MAY 13-1980

Membership recoxrd to the LDS Church gives nameas Annie Johansen Zollinger born Apri 12, 1913 at Rexburg, Idaho. fahte' name as Joseph A. Johansen. and mother's maiden name as Anna W. Blunck. viewed by V S

43-27-21-439

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Registration District No. 9 File No. 13980

Primary Registration District No. 2039 Registered No. 261

Hospital .....

FULL NAME OF CHILD Sybil Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	Apr. 27 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Samuel Butler

RESIDENCE Lyman

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lydia McIntire

RESIDENCE Lyman

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Buggy

(Physician or midwife)

Address Archer

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray A. Fisher Registrar

..... Registrar

8-Y CO. 20174

A. M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

File No. 1880

Registered No.

202-100-022-439

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 13981

Primary Registration District No. 2039 Registered No. 259

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			6 ... 1913

FATHER		MOTHER	
FULL NAME	Ivan Robinson	FULL MAIDEN NAME	Rene McCartier
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Ray H. Fisher Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1666-105-022-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13982

Primary Registration District No. 2039 Registered No. 258

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	June 5 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wood	FULL MAIDEN NAME	Lulu Kirkpatrick
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Address Rexburg

Filed June 10 1913 Ralph H. Fisher Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

NOV 17 2016

035-30-022-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1A

File No. 13983

Primary Registration District No. 2039

Registered No. 256

FULL NAME OF CHILD Marvilla Steiner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	June 3 1913

FATHER		MOTHER	
FULL NAME	John Steiner	FULL MAIDEN NAME	Emelia Buchmiller
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalene Walz

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Ray H. Fisher Registrar

a. m. P.

S-Y CO. 20174

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 13983

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Steiner (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Brother (Bible Record, Insurance Policy, Etc.) prepared on November 18, 1964 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marvilla Steiner

Subscribed and sworn to before me this 18th day of November, 1964

Mary Smith

Notary Public residing at Rexburg, Idaho

My commission expires June 25, 1967

(Seal)

Signed Leland A Steiner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1964

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1967

(Seal)

Signed L. O. Oldham
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing from L. D. S. Church gives name as Marvilla Steiner. Born June 3, 1913 at Rexburg Madison Idaho Blessed July 6, 1913 daughter of John E. Stiener and Emma Buckmiller. Viewed by V. S.

Own child's birth certificate on file with state of Idaho # 380074 gives name as Marvilla Steiner. Child Born Sept. 22, 1943. Viewed by V. S.

FEB 25 1965

Amended 3-30-62

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13984
Local Reg. No. 257
Reg. Dist. No. 9

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lyman
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Roy	Adrian	Robison

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	June 4, 1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Joel		Robison	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Mary		Cutler	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
32 YEARS	Utah	6	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
G. G. Espe	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Rexburg, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
June 10, 1913	Ray H. Fisher, by A.M.P.	

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 13984

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Robinson, (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on March 26, 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Roy Adrian Robison
Father's Last Name	Robinson	Robison
Mother's Maiden Name	Mary Culler	Mary ~~Cuttler~~ Cutler

Subscribed and sworn to before me this 26th day of March 19 62

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1963

(Seal)

Signed X Joel G. Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Thornton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March 1962

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1963

(Seal)

Signed X Ivan O Robison
(Signature of Any Credible Person)

Thornton Idaho
(Street Address, City, State)

FORM DN 60-155

CL 3-21-62. one copy pd. rec. #8359.

Own Child's Birth Cert. on file: (Idaho Birth) #258306 gives full name of father as Roy Adrian Robison - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #114062 gives full name as Mary Margaret Robison, died May 7, 1939 at Rexburg, Idaho - born Jan. 25, 1881 at Promtroy, Utah to George Heman Cutler and Mary Adeline Newman - husband's full name is given as Joel Grover Robison - viewed by V.S.

Certified Copy, photo, of School Census Marshal's Report, School District No. 30, County of Madison, State of Idaho, for 1931 - approved and filed Oct. 1, 1931 - gives one student's full name as Roy Robison and parent's name as Joel Robison, Thornton, Ida. - viewed by V.S.

Commercial Travelers Insurance Company Policy, life and accident, dated November 16, 1946 gives full name as Roy Adrian Robison, born June 4, 1913 at Lyman, Idaho - age at time of app., 33 years old - policy no. 7TYB 30219 - viewed by V.S.

Family Record, appears old and unaltered, gives full names as Joel Grover Robison, Mary Margret Cutler Robison and one child's full name as Roy Adrian Robison - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V, S. No. 11-C

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rexburg

Registration District No. 9

File No. 13984

No. ..... St.

Primary Registration District No. 2039

Registered No. 28

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 4 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joel Robinson	FULL MAIDEN NAME	Mary Cullen
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cope

(Physician or midwife)

Address Rexburg Ida

Given names added from a supplemental report

..... 19.....

Filed June 6 1913 [illegible] Registrar

..... Registrar

S-Y CO. 20174

MAR 30 1962

DEC 19 1962

14-205022-66

Amended June 13, 1969

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13985

Primary Registration District No. 2039 Registered No. 271

FULL NAME OF CHILD DONNA MAY ADAMSON

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	June 5 (Month) (Day) 191 3 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Lewis Adamson

RESIDENCE Annis

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Poole

RESIDENCE Annis

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 25 P. M. on the date above stated.

(Signature) J. E. Mellon

(Physician or midwife)

Address Menan

Filed June 10 19 13 Roy H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13985

Date Filed June 16 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donna May Adamson (Name on Original Certificate) who born (Was Born or Died) on June 5, 1913 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	none	Donna May Adamson

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Wilma A Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June 1969

OFFICIAL SEAL
VERNA O'DEA
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Aug. 1, 1972

Signed Verna O'Dea
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 Rush 2, cc. pd - Rec'd

5-27-69

Security National Bank, Huntington Park, Ca. 90255

JUN 13 1969

Application to Beneficial Life Insurance Co. gives name as Donna May Adamson, born June 5, 1913 at Annis, Idaho. Dated at Idaho Falls, Idaho, an July 1, 1936. Viewed by Vital Statistics.

Certificate of Baptism and Confirmation dated June 7, 1969. Huntington Park Ward states that Donna M. Melville, daughter of William Lewis Adamson and Ella C. Poole, was born June 5, 1913 at Annis Idaho. Baptized July 2, 1922. Viewed by Vital Statistics.

753.11022-195-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13986

Primary Registration District No. 2039 Registered No. 255

FULL NAME OF CHILD RONALD DeVERE PETERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Homer Peterson	Luella Arnold
RESIDENCE	Lyman	Lyman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Emmons

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Ray H. Jaques Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 2 1942 Certificate No. 15986

County of Madison Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Ronald Devere Peterson who was born on May 11, 1913
(BIRTH OR DEATH) (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Thornton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by record prepared on or about birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Peterson	Ronald DeVere Peterson

Subscribed and sworn to before me this 21st day of January, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar 27, 1943
(SEAL)

Signed Luella A. Peterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Buxton

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13987

Primary Registration District No. 2034 Registered No. 267

FULL NAME OF CHILD Wilbur Tompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Nov 29 1913

FATHER		MOTHER	
FULL NAME	Norman Tompson	FULL MAIDEN NAME	Emma Stuart
RESIDENCE	Buxton	RESIDENCE	Buxton
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 D. 19 13 Ray H. Fraher Registrar

8-Y CO. 20175

THOMPSON

DUP OF 13-303035

P.3-204-022-243

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Lyman

No. _____ St.

Hospital _____

Registration District No. 9 — File No. 13988

Primary Registration District No. 2039 — Registered No. 268

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	June 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Galbraith	Mattie R. Sutton
RESIDENCE	Lyman	Lyman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 10 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs, M.D.

(Physician or midwife)

Address Archer,

Given names added from a supplemental report

_____ 19____

Filed June 10 1913 Ray A. Fisher

_____ Registrar — Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296- 210 022-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13989

Primary Registration District No. 2039 Registered No. 265

FULL NAME OF CHILD Afton A. Brown.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂	1	—	Yes	April 10 1913

FATHER		MOTHER	
FULL NAME	Marion W. Brown.	FULL MAIDEN NAME	Rhoda E. Beattie
RESIDENCE	Rexburg	RESIDENCE	Rexburg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Pattison

(~~Physician~~ or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray O. Teaiker a. m. P. Registrar

..... Registrar

S-Y CO. 20175

File No.....

Registered No .....

155-10-022-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-16m-3-1941

PLACE OF BIRTH

County of Fremont

City of Independence Registration District No. 9 File No. 13990

No. ..... St. Primary Registration District No. 2039 Registered No. 266

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Leland Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	Apr. 7 1941

FATHER		MOTHER	
FULL NAME	Nile Jensen	FULL MAIDEN NAME	Minnie Hanson
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Earl J. Peterson

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 19 41 Ray H. Turner Registrar

S-Y CO. 20175

APR 6 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-216-022-894

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13991

Primary Registration District No. 2038 Registered No. 291

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	May 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Asaro Haslamotto	M. Hidsidomi
RESIDENCE	St. Anthony	St. Anthony
COLOR	Jap	Jap
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Monfeld. MD.

(Physician or midwife)

Address St. Anthony

Filed June 10 1913 Ray S. Fisher. M.D.

Registrar

Given names added from a supplemental report

..... 19 .....

..... Registrar

8-Y CO. 20174

Dep of 1913 - 148320

Amended 1-11-61

PLACE OF BIRTH

23-216-022-299

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13992

Primary Registration District No. 2038 Registered No. 290

FULL NAME OF CHILD Wilma Minnie Black

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	May 16, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Henry H. Black	FULL MAIDEN NAME: Mary L. Birch
RESIDENCE: St. Anthony	RESIDENCE: St. Anthony
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield, M.D.

Physician (Physician or midwife)

Address St. Anthony, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 10, 1913 Ray H. Fisher, M.D. Registrar.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13992

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Black (Name on Original Certificate) who born (Was Born or Died) on May 16, 1913 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilma Minnie Black
Full Name of Father	Harry Black	Henry H. Black

Subscribed and sworn to before me this 4 day of January, 1960

Notary Public, residing at St. Anthony Idaho
My commission expires Sept 7, 1964
(Seal)

Signed Mary Lydia Birch Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 St Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of January, 1961

Notary Public, residing at St Anthony Idaho
My commission expires 7-1-1964
(Seal)

Signed Edna B. Dayton
(Signature of Any Credible Person)

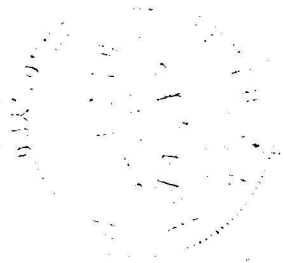
Route 1 St. Anthony Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8-31-60. nm

L.D.S. Church Certificate of Blessing, July 6, 1913 gives full name of child as Wilma Minnie Black, born May 16, 1913 at Wilford, Idaho to Henry Harrison Black and Mary Lydia Birch -_viewed by V.S.

Own Child's Birth Certificate on file: #50-09603 gives full maiden name of mother as Wilma Minnie Black - viewed by V.S.

Father's Own Death Certificate on file:#51-1753 gives full name as Henry Harrison "Harry" Black, born Feb. 22, 1882 in Oxford, Idaho; date of death, May 7, 1951 - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF [redacted]

Registration District No. 9 File No. 13992

Primary Registration District No. 2038 Registered No. 290

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F			Yes.	May 16

FATHER		MOTHER	
FULL NAME	Harry Black.	FULL MAIDEN NAME	Mary S. Black
RESIDENCE	St. Anthony,	RESIDENCE	St. Antho...
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Monfield MD

(Physician or midwife)

Address St. Anthony Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913. Ray H. Fisher

Registrar

S-Y CO. 20174 Registrar

JAN 11 1961

385-12-022.715

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13993

Primary Registration District No. 2037 Registered No. 285

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	May 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Cheney	Florence Penfold
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	England	Utah
OCCUPATION	Book Keeper	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Cruse

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Driggs.

Filed June 10 1913 Ray St. Fiske.

S-Y CO. 20174 Registrar Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

156-114-022-269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Drigg's

No. \ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13994

Primary Registration District No. 2037 Registered No. 284

FULL NAME OF CHILD Curtis P Jefferson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes	May 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J.M. Jefferson	Laura Sorensen
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	Fremont	Utah
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.P. Quist

(Physician or midwife)

Address Driggs.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray H. Fox M.D.

..... Registrar

Registrar

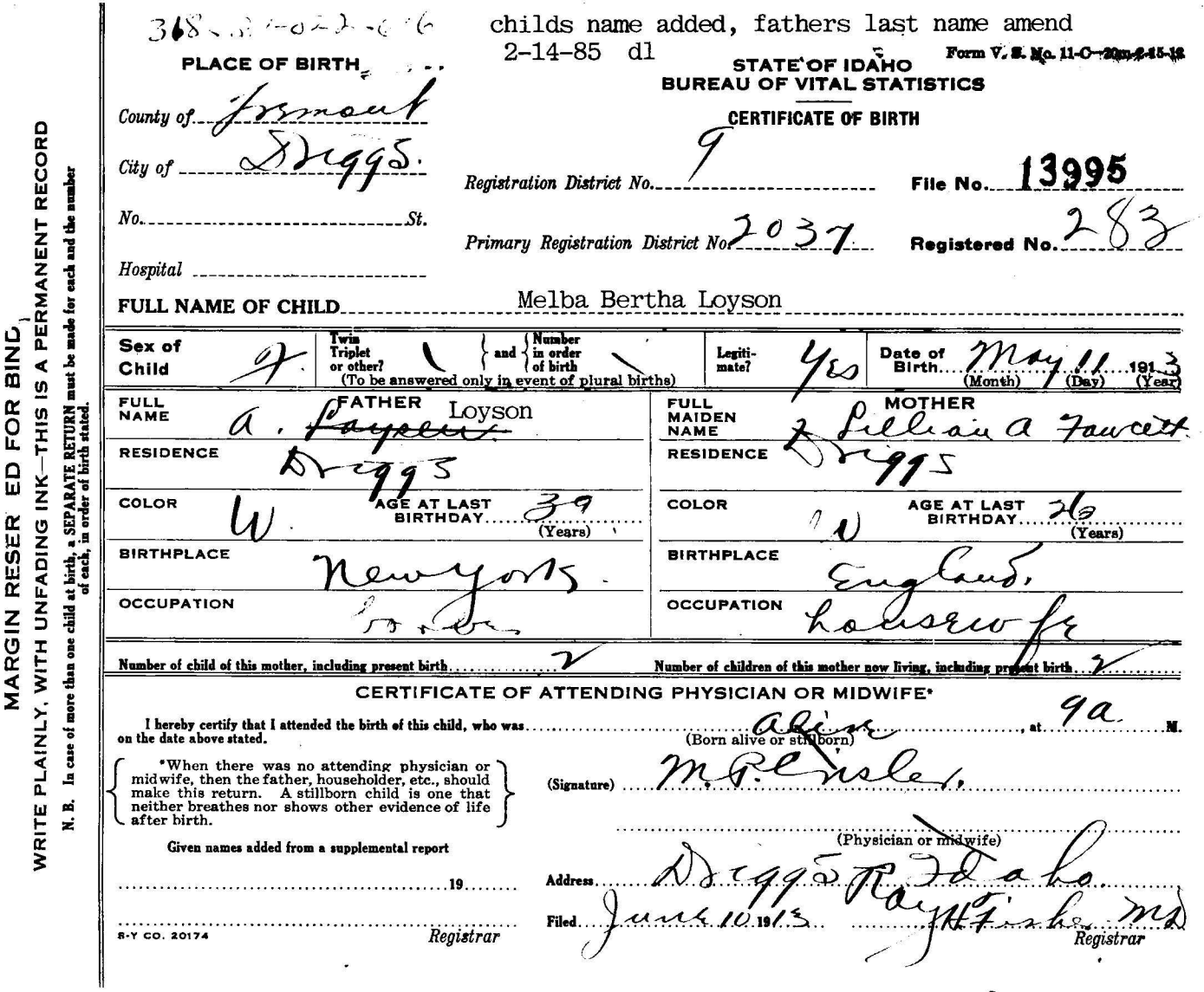
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-285517



childs name added, fathers last name amend
2-14-85 dl

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Drigg's.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13995

Primary Registration District No. 2037 Registered No. 283

FULL NAME OF CHILD Melba Bertha Loyson

Sex of Child: F. Twin, Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) Legitimate? Yes Date of Birth May 11 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME A. Loyson	FULL MAIDEN NAME Lillian A Fawcett
RESIDENCE Driggs	RESIDENCE Driggs
COLOR W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE New York.	BIRTHPLACE England.
OCCUPATION Farmer	OCCUPATION housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Insley

(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 Ray T. Fisher MD

Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-29-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
FEB 13 4 18 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 13995
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Loysen (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 11, 1913 (Date of Event)
in Driggs (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Melba Bertha Loysen
Fathers last name	Loysen	Loyson

Subscribed and sworn to before me this 11th day of
Feb., 1985.
Notary Public, Lois A. Jumps
Residing at MESA, AZ
My commission expires My Commission Expires April 2, 1985
(Seal)

x Melba N Gooch
Signature of Applicant
x 810 Clearview Mesa, Ariz 85208
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of birth from LDS Church gives Melba Bertha Loyson born May 11, 1913 at Driggs to Abraham Loyson and Lillian Fawcett. Entered on Record July 6, 1913. Viewed by V.S. FEB 14 1985

Childs birth certificate lists Howard Richard Cleverley born March 6, 1934 in Idaho Falls to Howard Elvert Cleverley and Melba Bertha Wilkie. (Difference in maiden name is Wilkie is stepparent Name

661.224.092-655

PLACE OF BIRTH

County of Fremont

City of Bates

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13996

Primary Registration District No. 2037 Registered No. 282

FULL NAME OF CHILD Hazel Winona Wood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	May 24 1913

FATHER		MOTHER	
FULL NAME	W. J. Wood	FULL MAIDEN NAME	Clara May Fenton
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Bersly.

(Physician or midwife)

Address Driggs Idaho.

Given names added from a supplemental report

....19....

Filed June 10 1913 Ray H. Fiske

Registrar

8-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 1 11 26 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 13996

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wood (female) (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1913 (Date of Event)
in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 10 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Hazel Winona Wood
date of birth	May 19, 1913	May 24, 1913.

Subscribed and sworn to before me this 26th day of September, 1975

Merrill W. Rudd
Notary Public, residing at Rexburg Idaho
My commission expires 8-1-78
(Seal)

Signed Lester J. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
457 West Main Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 1975

Clerk of D.C. Notary Public, residing at Rexburg Idaho
My commission expires Jan 1976
(Seal)

Signed
(Signature of Any Credible Person)

Rexburg Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3/12/75

Certificate of Blessing from the LDS Church gives name as Hazel Winona Wood daughter of Walser John Wood and Clara M. Fenton. Born May 24, 1913 at Bates, Idaho. Was Blessed July 6, 1913. viewed by V. S.

OCT 7 1975

Affidavit for Marriage License by Parties gives names as Lester J. Nelson and Hazel W. Wood. dated Nov. 24, 1937. viewed by V. S.

76-215-022-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

No. ..... St.

Hospital

Registration District No. 9 File No. 13997

Primary Registration District No. 2037 Registered No. 280

FULL NAME OF CHILD JOAN Helen Poulsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	May 15 1913

FATHER		MOTHER	
FULL NAME	Joseph C. Poulsen	FULL MAIDEN NAME	Drusie Manley
RESIDENCE	Clawson,	RESIDENCE	Clawson,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M Ea Clark

(Physician or midwife)

Address Clawson, Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 15 19 13 Ray H. Fisk R.

..... Registrar

June 10

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton

Certificate No. 13997
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Helen Poulsen (Name on original certificate) who born (Was born or died) on May 15 - 1913 (Date of event)
in Clawson Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Helen Poulsen	Helen Joan Poulsen

Subscribed and sworn to before me this 5
day of May, 1942
[illegible]
Notary Public, residing at Tetonia Ida
My commission expires Jan. 6, 1945
[SEAL]

Signed Ted Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
TETONIA, IDAH
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

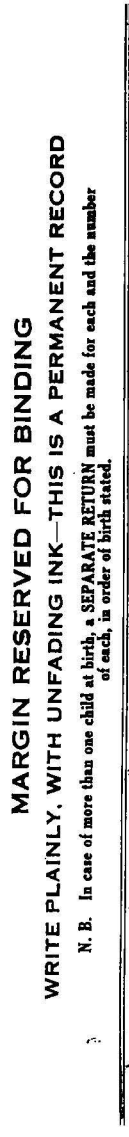
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5
day of May, 1942
[illegible]
Notary Public, residing at Tetonia
My commission expires Jan. 6 1945
[SEAL]

Signed Mette Hansen
(Signature of any credible person other than the previous affiant.)
TETONIA, IDAHO
(Street Address, City, State)

Received for filing on JAN 26 1943 By
(Registrar's signature)

JAN 27 1943



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 23[illegible]-339

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-6-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]TH

County of Bannock

City of Treasureton

Registration District No. 11 File No. 13998

No. _____ St.

Primary Registration District No. 2048 Registered No. 152

Hospital _____

FULL NAME OF CHILD Lella Kay Sant

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 23 1913

FATHER

FULL NAME William Richard Sant

RESIDENCE Treasureton

COLOR White AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Smithfield Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rose Alzina Clifford

RESIDENCE Treasureton

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Providence Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

_____ 19____

Ellis Kaelly Registrar

Filed June 10 1913 Ellis Kaelly Registrar

B-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

OCT 12 1942

Certificate No. 13998

Date Filed ..... — —

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alzina Sant	Lella Kay Sant

Subscribed and sworn to before me this 8th day of Oct, 1942

Notary Public, residing at Seattle Wash

My commission expires Feb 22 1946

(Seal)

Signed Rosa A Sant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

3628 Dayton ave Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 27 1979

OCT 13 1942

546-22-0053-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton Registration District No. 11 File No. 13999

No. ____ St. Primary Registration District No. 2048 Registered No. 153

Hospital ____

FULL NAME OF CHILD Margreth Crockett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos Osro Crockett	Alice Mc Carrel
RESIDENCE	Treasureton	Treasureton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Preston	Park City Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaeley Registrar

Filed June 10 1913 Ellis Kaeley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

468-205-003-915

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ____ St.

Hospital ____

Registration District No. 11 File No. 14000

Primary Registration District No. 2048 Registered No. 154

FULL NAME OF CHILD Violet Rebult

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	June 5 1913

FATHER	MOTHER
FULL NAME Hans Jacob Rabolt	FULL MAIDEN NAME Violet Ransom
RESIDENCE Cleveland	RESIDENCE Cleveland
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mink Creek, Idaho	BIRTHPLACE Cleveland, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

H.S.C. Wife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Elis Kanady Registrar

Filed June 10, 1913 Elis Kanady Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1975

452-22803-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 14001

No. ____ St.

Primary Registration District No. 2048 Registered No. 155

Hospital ____

FULL NAME OF CHILD Alta Meservy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	April 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levy Meservy	Emma Hansen
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Idaho	Cleveland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

Midwife (Physician or midwife)

Address Treasureton Ida

Given names added from a supplemental report

____ 19____

Ellis Kaseg Registrar

Filed June 10 1913 Ellis Kaseg Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

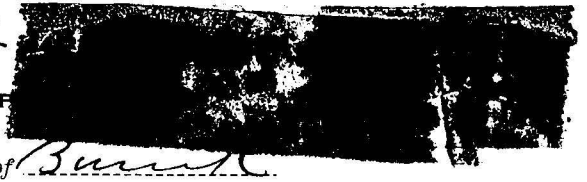
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1959

PLACE OF BIRTH

County of

693



Form V. S. No. 11-C—10m-8-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14002

County of Bannock

City of Soda Springs

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No. 15-8

Hospital

FULL NAME OF CHILD William George Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5th	Yes	May 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elter Wilson	Feral Farner
RESIDENCE	Soda Springs Idaho	Soda Springs Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Elgin Kansas	Rooks County Kansas
OCCUPATION	Section Foreman	Housewife

Number of child of this mother, including present birth Five

Number of children, of this mother, now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Anderson MD

(Physician or ~~Midwife~~)

Address Soda Springs

Filed June 10, 1913 Ellis Kaney Registrar

Given names added from a supplemental report

Ellis Kaney, 19..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

3B2 / 10/1 0003-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Springs

No ....., ... St.

Hospital .....

Registration District No 11 File No. 14004

Primary Registration District No. 2048 Registered No. 161

FULL NAME OF CHILD Marion Sloan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	yes	June 9, 1913

FATHER	MOTHER
FULL NAME: Marion Sloan	FULL MAIDEN NAME: Bessie Lewis
RESIDENCE: Wayan, Idaho	RESIDENCE: Wayan, Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: England	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercly

(Physician or ~~Midwife~~)

Address Soda Springs, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaercly Registrar

Filed June 10, 1913 Ellis Kaercly Registrar

SYMS - YORK CO., PTRS. & BORS 17326

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

Amended 10/3/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14005
Local Reg. No.
Reg. Dist. No. 11

513-20-8003-806

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lela
b. (Middle): Sarah
c. (Last): Hall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 8, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle):
c. (Last): Hall

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	England	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle): Deseret
c. (Last): Hofhine

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Idaho	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

8 20 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 17 4 34 PM '73

State of Idaho
County of Ada } ss.

Certificate No. 14005

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Susana Hall (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1913 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Susana	Lela Sarah
Mothers maiden name	Mary Huffine	Alice Deseret Hofhine
Date of birth	June 5, 1913	June 8, 1913
Sex of child	Male	Female

Subscribed and sworn to before me this 20th day of August, 1973.

Glenda Mae Farrar

Notary Public, residing at Boise

My commission expires Sept. 15, 1976

(Seal)

X Signed Charles L. Hopkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3156 Melbourne St SLC, Ut
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

1 copy Pd Rec. # 22443 (9-31-73)

Own child's birth certif. on file in Utah (File No. 1577 for the year of 1933) gives child's name as Diane Effie Stephens gives father's name as Charles Staker Stephens and the mother's name as Lela Sarah Hall. copy dated July 18. 1951. Viewed by V. S.

A borther's birth certificate from Utah gives child's name as Jack Wilson Hall born Feb. 5, 1920. Father's name given as James Hall and the mother's name given as Alice Deseret Hofhine. copy dated Aug. 10, 1962. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Lela Sarah Hall daughter of James Hall and Alice Hoffine. Born June 8, 1913. Was Baptized Feb. 6, 1932. Viewed by V. S.
Marriage certif. from Utah gives groom's name as Charles Staker Stephens and the bride's name as Lela Sarah Hall. Married May 18, 1932. Viewed by VS

Family group record for James Hall and Alice Deseret Hofhine gives child's name as Lela Sarah born June 8, 1913. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 14005

Primary Registration District No. 2048 — Registered No. 162

FULL NAME OF CHILD Emma Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	June 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hall	Mary Griffiths
RESIDENCE	Dingle	Dingle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	England	Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Carey

(Physician or Midwife)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Karey
Registrar

Filed June 10, 1913 Ellis Karey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 3 1973

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Wayan

No ____, ____ St.

Hospital ____

Registration District No 11 — File No. 14006

Primary Registration District No. 2048 — Registered No. 167

FULL NAME OF CHILD Ethel Sloan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	yes	May 1, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Sloan	FULL MAIDEN NAME	Nancy Call
RESIDENCE	Wayan, Ida	RESIDENCE	Wayan, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Finland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) Ellis Kanady

(Physician or ~~Midwife~~)

Address Soda Springs, Ida

Filed June 15, 1913 Ellis Kanady Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kanady Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Physician or Medical Examiner

Address .....

Filed ..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319.225.063-595

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 14007

Primary Registration District No. 2048 Registered No. 148

FULL NAME OF CHILD Laura Larsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 25, 1913

FATHER		MOTHER	
FULL NAME	Erik Martin Larsen	FULL MAIDEN NAME	Mary Ann Nielsen
RESIDENCE	Mink Creek	RESIDENCE	~~White~~ Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaseg
Registrar

(Signature) Serena Christensen

Midwife
(Physician or Midwife)

Address Mink Creek

Filed June 10, 1913 Ellis Kaseg
Registrar

S-Y CO., 16670

419-106-003689

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Lemhi

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1

Primary Registration District No. 2046

File No. 14008

Registered No. 164

FULL NAME OF CHILD Fred Whiting Marley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 6 1913

FATHER		MOTHER	
FULL NAME	Josiah George Marley	FULL MAIDEN NAME	Maud Belle Whiting
RESIDENCE	Robin	RESIDENCE	Robin Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Address Robin Idaho

Given names added from a supplemental report

..... 19.....

Celia Carey Registrar

Filed June 19 1913 Celia Carey Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1 1943

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PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14009

Primary Registration District No. 246 Registered No. 149

FULL NAME OF CHILD Dolpha May Ward

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) May (Day) 6 (Year) 1913
F				yes	

FATHER		MOTHER	
FULL NAME	Harry R Ward	FULL MAIDEN NAME	Pearl L Smith
RESIDENCE	Dekerson	RESIDENCE	Downey
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Hattenville W. Va.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Creston Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elsie (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) Casper Townsend M.D.

(Physician or midwife)

Address Downey Idaho

Filed June 19, 13

Ellis Kanley
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kanley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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DEC 3 1973

DECEASED

86b 27.003-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14010

Primary Registration District No. 2046 Registered No. 157

FULL NAME OF CHILD Elizabeth Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twin		yes	May 21, 1913

FATHER		MOTHER	
FULL NAME	John Elmer Howell	FULL MAIDEN NAME	Maud Henderson Howell
RESIDENCE	Robin Idaho	RESIDENCE	Robin, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Mr. Pleasant Idaho

Filed June 19, 1913 Ellis Kaufy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaufy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

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PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ____, ____ St.

Hospital

Registration District No. 11 File No. 14011

Primary Registration District No. 2046 Registered No. 156

FULL NAME OF CHILD Kenneth Henderson Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twin	1st	yes	May 27 1913

FATHER		MOTHER	
FULL NAME	John Elmer Howell	FULL MAIDEN NAME	Maud Henderson
RESIDENCE	Robin Idaho	RESIDENCE	Robin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rainey E. Wiarley

(Physician or Midwife)

Address Robin Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaercy Registrar

Filed June 10, 1913 Ellis Kaercy Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7/26/41

3862210C3-389

PLACE OF BIRTH

County of Bannock

City of Downey

No. [redacted]

Hospital

Form V. S. No. 11-C—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. [redacted] 157

Primary Registration District No. 2046

FULL NAME OF CHILD Grace Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female					May 22 1913

FATHER		MOTHER	
FULL NAME	Edwin Thompson	FULL MAIDEN NAME	Katrina Christensen
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Downey Ida	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Lee Md

(Physician or midwife)

Address Downey

Given names added from a supplemental report

..... 19.....

Ellis Karey
Registrar

Filed June 10, 1913 Ellis Karey
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

14012

155-220-003-219

PLACE OF BIRTH

Amended 9-17-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Registration District No. 11 File No. 14013

Hospital ____ Primary Registration District No. 2046 Registered No. 150

FULL NAME OF CHILD Dorothy Hannah Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 20 1913

What bacteriocidal solution was used in eyes? 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Hiram Jensen	FULL MAIDEN NAME: Sarah Barner
RESIDENCE: Downey, Idaho	RESIDENCE: Downey, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Kaysville, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 a.m. on the date above stated. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casperivo Pond M.D.
(Physician or midwife)

Address Downey, Idaho

Give names added from a supplemental report.

....., 192....

Ellis Kancey
Registrar.

Filed June 10 1913 Ellis Kancey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Childrens Birth Cert.'s on file (Twins) #269045 & 269046, July 17, 1938 give Mother's Name as Dorothy Hannah Jensen - viewed by V.S. L.D.S. Cert. of Blessing and L.D.S. Cert of Baptism & Confirmation have been accepted to correct the Date of Birth - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14013

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorthy Hanna Jensen (Name on Original Certificate) who born (Was Born or Died) on May 21, 1913 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorthy Hanna Jensan	Dorothy Hannah Jensen
Date of Birth	May 21, 1913	May 20, 1913

Subscribed and sworn to before me this 16 day of May, 1959

Notary Public, residing at Downey
My commission expires Nov. 16-60
(Seal)

Signed Hiram L Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1959

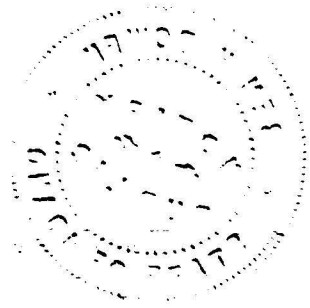
Notary Public, residing at Downey
My commission expires 11/16/60
(Seal)

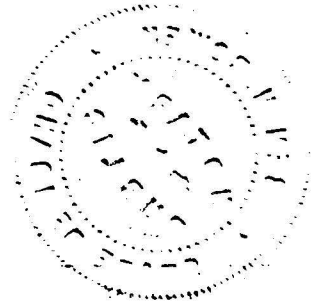
Signed John Bowen
(Signature of Any Credible Person)

Downey Idaho
(Street Address, City, State)

FORM DPH-65-195 CL 5-14-59. rm

Family record book gives Name as Dorothy Hannah Jensen and birth date as May 20,. 1913, obviously old.-Viesed by V.S.





Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 14013

No. ____ St.

Primary Registration District No. 2046 Registered No. 150

Hospital ____

FULL NAME OF CHILD Dorothy Hanna Jessen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Hiram Jessen	FULL MAIDEN NAME	Sarah Barnes
RESIDENCE	Downey Ida	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Heriman Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jackson V. Lund M.D.

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

____ 19____

Ellis Kaney
Registrar

Filed June 10, 1913 Ellis Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1959

396-114-003-692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—30m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14014

Primary Registration District No. 2-41 Registered No. 147

E.K.

FULL NAME OF CHILD Harvey Lenehan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 14 1913

FATHER		MOTHER	
FULL NAME	John J. Croshaw.	FULL MAIDEN NAME	May Fisher.
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated,

(Signature) Ray H. Fisher.

(Physician or midwife)

Address Rigby, Idaho.

Filed (Month) April 14 1913 Ray H. Fisher. Registrar

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

8-Y CO. 20174

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Just.

B.W.J.

JUL 1 1955

AUG 27 1974

419-1041003-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1005-8-7-11

PLACE OF BIRTH

County of Bannock

City of Rubin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14015

Primary Registration District No. 2046 Registered No. 159

FULL NAME OF CHILD Norman John Marley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 4, 1913

FATHER		MOTHER	
FULL NAME	Norman Evan Marley	FULL MAIDEN NAME	Minnie Irma Sims
RESIDENCE	Rubin, Idaho	RESIDENCE	Rubin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Rubin Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey
Registrar

Filed June 19, 1913 Ellis Kasey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C—10m-8-7-11

523/09 035-396

[redacted] PLACE OF BIRTH

Form V. S. No. 11-C—1924-7-31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perces

City of Peck

Registration District No. 16

File No. 14016

No. ....., ... St.

Primary Registration District No. 2075

Registered No. 77

Hospital .....

FULL NAME OF CHILD Gail Carey Estes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		9	Yes	4 - 9 - 1913

FATHER		MOTHER	
FULL NAME	Kass Calvin Estes	FULL MAIDEN NAME	Florence Brock
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Arkansas	BIRTHPLACE	Greg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or Midwife)

Address Peck Idaho

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 L. C. Parkinson Registrar

.....
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1953

FEB 9 1951

458 22 4035 · 235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital

Registration District No. 16 File No. 14017

Primary Registration District No. 2074 Registered No. 98

FULL NAME OF CHILD Hattie Dehning, Hedwig Margaret

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S		yes	4 24 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Dehning	Meta Stelly's
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Germany	Kans
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-24 1913 E. E. Watts

June 10-1913 L. G. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 14017

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hattie Dehning (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1913 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on May 11, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hattie	Hedwig Margaret Dehning

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Mrs Meta Dehning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2022- 2nd Ave. N., Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of March 1944

C. P. Hinkle
Notary Public, residing at Lewiston Idaho
My commission expires 2-10-1945
(Seal)

Signed Frieda Heitzman Mrs Meta Dehning
(Signature of Any Credible Person Other Than Previous Year)

Route 7 | Lewiston Ida
(Street Address, City, State)

MAR 30 1944

313-216-035-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewis

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 14018

Primary Registration District No. 2075 Registered No. 99

FULL NAME OF CHILD Florence Pearl Lacey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		8	yes	4 16 1913

FATHER		MOTHER	
FULL NAME	Pearl Chaney Lacey	FULL MAIDEN NAME	Martha Elizabeth Porter
RESIDENCE	Peck	RESIDENCE	Leeds
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or Midwife)

Address Keeth

Given names added from a supplemental report

....., 19.....

Filed June 10 19 13 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

673.216.035-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Melrose

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 14019

Primary Registration District No. 2075 Registered No. 103

FULL NAME OF CHILD Margarett Angeline Ogle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		9	Yes	4 16 1913

FATHER		MOTHER	
FULL NAME	John Milton Ogle	FULL MAIDEN NAME	Sophronia Ellen Bowers
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler M.D.

(Physician or Midwife)

Address Teale

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 20 1958

716.103.035-716

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of E. Lewiston

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14020

Primary Registration District No. 1009 Registered No. 101

FULL NAME OF CHILD Joseph Pafile

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				May 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Salvadore Pafile	Angela Pafile
RESIDENCE	E. Lewiston	E. Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Italy	Italy
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Marcellio

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10 1913 L.J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

613-105-035-759

PLACE OF BIRTH

County of Nez Perce

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14022

Primary Registration District No. 2076 Registered No. 109

FULL NAME OF CHILD Clifford Waldo Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	9	yes	May 5 1913

FATHER	MOTHER
FULL NAME: Charles E. Walker	FULL MAIDEN NAME: Kitty Perry
RESIDENCE: Kendrick, Idaho	RESIDENCE: Kendrick
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J W Stoneburner

(Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-10 1913 L J Perkins

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1975

MAY 1 4 19

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PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Myrtle

No. ..... St.

Registration District No. 16 File No. 14024

Primary Registration District No. 2074 Registered No. 105

Hospital

FULL NAME OF CHILD John Lowell Kimberling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	Yes	6 6 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Kimberling	FULL MAIDEN NAME	Leota Akers
RESIDENCE	Myrtle	RESIDENCE	Myrtle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 20 P. M. on the date above stated.

(Signature) E. E. Watts MD

(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6—6—1913 E. E. Watts

6—16—1913 L. G. Perkins Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of Washoe

Certificate No. 34024
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (May 5 - 1913) (Birth or death) Births
for John Lowell Kimberling (Name on original certificate) who born (Was born or died) on May 5 - 1913 (Date of event)
in Wingville Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Wm. Lowel Kimberling	John Lowell Kimberling
John Lowell Kimberling		

Subscribed and sworn to before me this 13th day of October, 1941
Mildred A. Lundberg
Notary Public, residing at Reno, Nevada
My commission expires My Commission Expires February 17, 1942
[SEAL]

Signed Doris Leota Kimberling, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
634 west 2nd Reno Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1941
Mildred A. Lundberg
Notary Public, residing at Reno, Nevada
My commission expires My Commission Expires February 17, 1942
[SEAL]

Signed Dallas K. Kimberling.
(Signature of any credible person other than the previous affiant.)
(Elder brother)
634 West 2nd St Reno, Nevada
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 14 1941

385-105-03 S-385

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 16 File No. 14025

Primary Registration District No. 2074 Registered No. 106

FULL NAME OF CHILD Joseph Chvrmak

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S			Yes	6 - 5 - 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jo Chvrmak	FULL MAIDEN NAME	Kate Chvrmak
RESIDENCE	Myrtle	RESIDENCE	Myrtle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	N.Y.
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6 - 7 1913 E.E. Watts
6-10-1913 L.J. Perkins Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343.206.035.785

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 718, 4th St.

Registration District No. 16 File No. 14026

Primary Registration District No. 1009 Registered No. 107

Hospital

FULL NAME OF CHILD Anna Mae Luchte.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	May 6, 1913

FATHER		MOTHER	
FULL NAME	Henry Wm Luchte.	FULL MAIDEN NAME	Anna Cheesbrough
RESIDENCE	718 4th St Lewiston Ida	RESIDENCE	same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kentucky	BIRTHPLACE	Wyoming
OCCUPATION	Painter + Paper Hanger	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White, M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 6-10 19.13 L J Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 15 1942

458-20-7035 4/14

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital

Registration District No. 16 File No. 14027

Primary Registration District No. 2074 Registered No. 108

FULL NAME OF CHILD Clara Dehning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth.	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		Yes	5 7 1913

FATHER		MOTHER	
FULL NAME	Wm H Dehning	FULL MAIDEN NAME	Maria Dammon
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 5-7 1913 E. E. Watts

6-10-1918-L.J. Perkins Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 5 1959

362 / 061 0 35 - 316

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Yes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 14028

Primary Registration District No. 1009 Registered No. 109

FULL NAME OF CHILD Vincent Earl Caswell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				May 6th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J Caswell	Effie VaTrue
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Long Beach Cal	Townsend Mond
OCCUPATION	Printer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) F P Source M D

(Physician or Midwife)

Address Lewiston Idaho

Filed 6-10 1913 L J Perkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

455-108-035-369

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1832, Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 14029

Primary Registration District No. 1009 Registered No. 110

FULL NAME OF CHILD Denburger EDWARD CORNEULIUS DENBURGER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	5	Yes	May 8th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Neal Denberger	Alice Cargell
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Janney

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-10 1913 L. J. Forbes

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF P .C HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa }
County of Polk } ss.

Certificate No. 14029

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Edward Corneulius Denburger who (Was Born or Died) was born on (Date of Event) May - 8th - 1913 in (Place of Event) Nez Perz County Idaho City of Lewiston are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) Certificate of Marriage prepared on (Give Date) Oct. 10th - 1935, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Denburger	Edward Corneulius Denburger

Subscribed and sworn to before me this 18th day of February, 1942

J. E. Hunter

Notary Public, residing at Des Moines Polk County Iowa

My commission expires July 4th - 1942 (Seal)

Signed Laura Jane Denburger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

622 - 36st Des Moines Ia
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa }
County of Mahaska } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1942

Roy E. Rowland

Notary Public, residing at Oskaloosa, Iowa

My commission expires Dec 31, 1942 (Seal)

Signed [redacted] Heemstra
(Signature of Any Credible Person Other Than Previous Year)

[redacted] Oskaloosa Iowa
(Street Address, City, State) = 5

MAR 3 1942

319-1091 635-815

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, 9th St.

Registration District No. 16 File No. 14030

Primary Registration District No. 16 Registered No. 111

Hospital

FULL NAME OF CHILD Milton Geo Hartman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	2	Yes	May 9 1913

FATHER		MOTHER	
FULL NAME	Geo. F. Hartman	FULL MAIDEN NAME	Nellie Hanlon
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	No. Dak.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 10 19 13 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

53-1913-035-046

PLACE OF BIRTH

Form V. S. No. 1-C—Rev. 6-6-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kapowai

Registration District No. 16 File No. 14031

No. ....., ... St.

Primary Registration District No. ..... Registered No. 112

Hospital .....

FULL NAME OF CHILD ~~VELMA~~ Rosetta ~~ELLER~~ Eller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		4	Yes	May 9 1913

FATHER	MOTHER
FULL NAME Elyeo ~~ELLER~~ Eller	FULL MAIDEN NAME Ella Brown
RESIDENCE Kapowai	RESIDENCE Kapowai
COLOR W AGE AT LAST BIRTHDAY 29 (Years)	COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ark	BIRTHPLACE Ore
OCCUPATION Barber	OCCUPATION Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Rosetta Eller, at 4 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Ally M.D.

(Physician or Midwife)

Given names added from a supplemental report

May 10 1913

John H. Ailey Registrar

Address .....

Filed 6-10-1913 .....

SYMS-YORK CO., PTRS. & BORS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. 14031
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rosetta	Velma Rosetta Eller
Mother's maiden name	Eltie Brow	-
	Mary Eltie Brown (12th	

Subscribed and sworn to before me this
day of November, 1942
Vivian C. Stewart
Notary Public, residing at Pittsburg, Idaho
My commission expires May 6-1945
(Seal)

Signed Mrs Etta Eller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pittsburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of _____, 19____.

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

284-207035-719

MARGIN RESERVED FOR BI ING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 103, 17th Ave St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14032

Primary Registration District No. 1009 Registered No. 113

FULL NAME OF CHILD Pauline Shuttery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	3	Yes	May 17, 1911

FATHER		MOTHER	
FULL NAME	Frank Shuttery	FULL MAIDEN NAME	Hannah Carlson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at One O M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Bellows

(Physician ~~or midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed 6-10 19 13 L. J. Jackins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

318-21-0035-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 614, 6 St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 14033

Primary Registration District No. 1000 — Registered No. 114

FULL NAME OF CHILD Salamatta Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	One	Yes	May 17, 1913

FATHER

FULL NAME: Fred Taylor

RESIDENCE: Lapwai

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Neb

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Havard

RESIDENCE: Lapwai

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Lapwai

OCCUPATION: Housewife

Half Nez Perce Indian

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

Lewiston

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

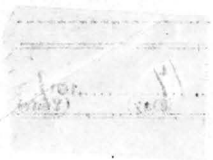
Address .....

Filed 6-10 19 13 S J Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No 518, 9th Ave St.

Hospital

Registration District No 16 File No. 14034

Primary Registration District No. 1009 Registered No. 116

FULL NAME OF CHILD Gordon Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 17 (Year) 1913
Male				

FATHER		MOTHER	
FULL NAME	Thomas B. Reed	FULL MAIDEN NAME	Grace Ellen Pierstorff
RESIDENCE	Pierce	RESIDENCE	Pierce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Alexandria, Missouri	BIRTHPLACE	Scott, Nebraska
OCCUPATION	Merchant	OCCUPATION	Housekeeping

Number of child of this mother, including present birth... Fourth

Number of children, of this mother, now living, including present birth... Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 3:15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs May H Eastman

Midwife
(Physician or Midwife)

Address Westlake, Idaho

Filed 6-10 19 13 L. J. Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

133-219-035-863

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Agatha

No. Idaho

Registration District No. 16 File No. 14035

Primary Registration District No. 2074 Registered No. 116

Hospital

FULL NAME OF CHILD Julia Elizabeth Atchison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	One		Yes	May 19 1913

FATHER

FULL NAME Walter Atchison

RESIDENCE Agatha Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Jasper Co Mosuri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Effie Elverda Hollenburn

RESIDENCE Agatha Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Jasper Co Mosuri

OCCUPATION Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 to Six A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoskins

X
(Physician or midwife)

Address Agatha Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 26 19[illegible] S. J. Perkins
6-10-1913
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1943

JUN 6 1955

319-21 3035753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No ____, ____ St.

Hospital ____

Form V. S. No. 11-O—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 14036

Primary Registration District No. 1609 Registered No. 117

FULL NAME OF CHILD Mary Carraggio

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth May (Month) 13 (Day) 1913 (Year)

FATHER

FULL NAME Fredirica Carraggio

RESIDENCE E. Lewiston

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Italy

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Fanny Pecora

RESIDENCE E. Lewiston

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Italy

OCCUPATION Housewife

Number of child of this mother, including present birth Four

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive born (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary Marcellis
(Physician or Midwife)

Address Lewiston

Filed 6-10 1913 L.J. Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vita Statistics

OF BIRTH

41K 214 235-249

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital Yes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 14037

Primary Registration District No. 1000 Registered No. 118

FULL NAME OF CHILD Josephine Elizabeth Madden

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | Legitimate? Yes | Date of birth May 14th (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Madden	FULL MAIDEN NAME	Opal Smith
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Near Naha Idaho	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	New Canton Ills
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Source M D

Address Lewiston Idaho (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 6-10 19 13 L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 31 1961

719-21-035-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16

Primary Registration District No 2117 12

File No. 14038

Registered No. 119

FULL NAME OF CHILD Orlando Parkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		4	yes	5 - 14 - 1913

FATHER		MOTHER	
FULL NAME	C. Parkin	FULL MAIDEN NAME	Lelia Parkinson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans	BIRTHPLACE	So Dak
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Orlando Parkin (Born alive or stillborn) at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

May 16 1918

John N. Alley Registrar

Filed 6-10 1918 L.J. Parkin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

855 016 035 385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14039

Primary Registration District No. 2073 Registered No. 120

FULL NAME OF CHILD Dorothy L Hendrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Fem	V	2nd	Yes	May 16 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Charles W. Hendrick

RESIDENCE Culdesac

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hallie L Chellis

RESIDENCE Culdesac

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 9 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Ragsdale

(Physician or midwife)

Address Culdesac

Given names added from a supplemental report.

..... 19...

..... Registrar

Filed 6-10 19 13 S. J. Hopkins Registrar

8-Y CO. 24655

SEP 27 196

249-122-035-968

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 16 File No. 14040

Primary Registration District No. 2074 Registered No. 121

FULL NAME OF CHILD Carl Fred Burri

Sex of Child	Twin Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single	Two	yes	May 22nd 1913

FATHER	MOTHER
FULL NAME Fred Burri	FULL MAIDEN NAME Annie E. Lehr
RESIDENCE Gifford Ida.	RESIDENCE Gifford
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Ohio
OCCUPATION Jeweler man	OCCUPATION Home Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Living (Born alive or stillborn) at 3-45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hemington M.D.

(Physician or midwife)

Address Gifford Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-10-1913 E. E. Watts Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

69524035-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

No. ____ St.

Hospital ____

Registration District No. 16 File No. 14041

Primary Registration District No. 2074 Registered No. 122

FULL NAME OF CHILD ELSIE EVELYN FREDERICKSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fire	Single	Two	Yes	May 24 1913

FATHER	MOTHER
FULL NAME Christian Frederickson	FULL MAIDEN NAME Helga Hansen
RESIDENCE Gifford Idaho	RESIDENCE Gifford Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Denmark
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 1-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hennigar

(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report

....19....

....Registrar

Filed 6-1 1913 E. E. Watts Registrar

6-10-1913-L Perkins

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

NOV 13 1947

Certificate No. 14041
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fredrickson	Elsie Evelyn Fredrickson
		correct Frederickson

Subscribed and sworn to before me this 30
day of Oct., 1941
Notary Public, residing at Culdesac
My commission expires Sept. 27-1943
[SEAL]

Signed Christian R Fredrickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Culdesac Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV 17 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-235-075-294

Form V. S. No. 15-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 16 File No. 14042

Primary Registration District No. 2074 Registered No. 173

FULL NAME OF CHILD Lorah Marjorie Sims

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fine	Single (To be answered only in event of plural births)	One	yes	May 25 1913.

FATHER

FULL NAME: Urban Sims

RESIDENCE: Lewiston, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Merchant.

MOTHER

FULL MAIDEN NAME: Dorcas Sims

RESIDENCE: Lewiston, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 21. (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Home Wife

Number of child of this mother, including present birth: One.

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Herrington

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-1 1913 E. E. Watts Registrar

6-10-1913-L.P. Perkins

S-Y CO. 20174

Form V. S. No. 11-C—20M-2-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

F BIRTH

263-106 to 35-269

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14043

Primary Registration District No. 2014 Registered No. 124

FULL NAME OF CHILD Alfred Kenneth

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Boy	Single (To be answered only in event of plural births)	12	yes	May 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Kellenborn	FULL MAIDEN NAME	Dollie Swift
RESIDENCE	Gifford Idaho	RESIDENCE	Gifford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. Herrington

(Physician or midwife)

Address Gifford Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-1 1913 E. E. Watts Registrar

6-10-1913 L. G. Williams

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-27-035-356

Form V. S. No. 11-C—20m-8-25-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0123 – 18th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14045

Primary Registration District No. 1009 Registered No. 125

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and 2nd	yes	May 29 1913

FATHER		MOTHER	
FULL NAME	Geo. W. Townsend	FULL MAIDEN NAME	Alice Lewis
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing

(Physician or midwife)

Address Lewiston

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 13 1913 L. J. Perkins Registrar

8-Y CO. 20174

366-29-095-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0123-18th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14046

Primary Registration District No. 1009 Registered No. 12[illegible]

FULL NAME OF CHILD James Buster Townsend

Sex of Child	Twin ~~Triplet or other~~? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1st	yes	May 19 1913

FATHER		MOTHER	
FULL NAME	Geo. W. Townsend	FULL MAIDEN NAME	Olive Lewis
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill	BIRTHPLACE	Kan.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. Sansing.

(Physician or midwife)

Address Lewiston

Filed June 10 1913 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-3-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

MAR 28 1968

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 14046

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Townsend (Male child) (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1913 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on May 19, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James Buster Townsend
Baptism		

Subscribed and sworn to before me this 9th day of March, 1968

Justin R. Vaughn

Notary Public, residing at Lewiston, Idaho

My commission expires May 1, 1970

(Seal)

Signed Helen M. Wilson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

931-11th Ave., Lewiston, Idaho 83501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1968

Harold W. Vaughn

Notary Public, residing at Clarkston, Wash.

My commission expires 2-10-70

(Seal)

Signed Hattie P. Townsend

(Signature of Any Credible Person)

2005-Riverside Drive, Clarkston, Wash.

(Street Address, City, State)

FORM DH 60-155 CL 2-7-66. one copy pd. rec. #6457.

Selective Service System, headquarters for State, Boise, Idaho, certifies that James Buster Townsend, registered for Selective Service on October 16, 1940, at Weippe, Idaho, gave date of birth as May 29, 1913, born Lewiston, Idaho - viewed b V.S.

APR 3 1968

Church Record, First Christian Church, XXXX Lewiston, Idaho, gives name as James Buster Townsend, baptized May 19, 1923 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 366-130-235-315

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 14047

Primary Registration District No. 1009

Registered No. 128

FULL NAME OF CHILD Ella Marie Coon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		10	yes	May 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Merle C. Coon	Mary Canty
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	41
BIRTHPLACE	Wisconsin	Minnesota
OCCUPATION	Cigar Maker	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. F. Hullers

Physician (Physician or Midwife)

Address Lewiston Idaho

Filed 6-10 19 13 L. J. Peckham Registrar

S-Y CO., 16670

79-23-235-316

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 1C

File No. 14048

Primary Registration District No. 2073

Registered No. 129

FULL NAME OF CHILD Ina Minerva

Sex of Child Fem

Twin, Triplet or other? X

and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 31 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Alpha M. Grant

RESIDENCE Culdesac

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary A Laughlin

RESIDENCE Culdesac

COLOR White

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ore.

OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Ragsdale

(Physician or midwife)

Address Culdesac

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed May 31 1913

6-10-1913 - L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1975

24 [redacted] 042-049 BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls Hospital

Registration District No. 23

Primary Registration District No. 208 5

File No. 14049

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	yes	May 3 1913

FATHER		MOTHER	
FULL NAME	Wm D Summers	FULL MAIDEN NAME	Grace M Smith
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N Y
OCCUPATION	Electrician	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Iowa Alma (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DO Doyle M.D.

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed May 20 1913 John Hodgkins Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

735.104.042-249

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14050

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Samuel Roderick Glenn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	May 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J Crampton Glenn	Jennie Smith
RESIDENCE	Hansen, Idaho	Hansen
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Ga	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Cox M D (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 20 19 13 John H Engelken Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1949

691-1-25 42-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " " "

No. ..... St.

Hospital .....

Registration District No. 23 File No. 14057

Primary Registration District No. 2185 Registered No. .....

FULL NAME OF CHILD Carl J. Frazelle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Plato Frazelle	Alka King
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 5-25 19 13 John W Engelking Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9 4 70

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED

County of ..... OCT 12 1970

Certificate No. 14051

Date Filed .....

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Frazelle (Name on Original Certificate) who Born (Was Born or Died) on May 25, 1913 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Frazelle	Carl James Frazelle

Subscribed and sworn to before me this 5th day of October, 1970

MARJORIE L. NELSON NOTARY PUBLIC

Notary Public, residing at Sacramento, California

My commission expires My Commission Expires October 1, 1971

(Seal) State of California

Signed Carl James Frazelle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Sacramento

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 19 70

Marjorie L. Nelson

Notary Public, residing at MARJORIE L. NELSON Notary Public Sacramento County State of California

My commission expires ..... (Seal)

Signed Eddie L. Platt

(Signature of Any Credible Person)

5504-Marconi Ave. Carmichael Calif

(Street Address, City, State)

FORM DH 60-155

My Commission Expires October 1, 1971

National American Insurance Company Renewal Certificate ~~fx~~ gives name as Frazelle, Carl J. Policy No. P453953. Dated 10/3/62 to 10/3/63.Signed by Edna Beatty, Agent. Viewed by V. S.

OCT 30 1970

Assignment (Porvisional) of Policy (Actual Sale and Transfer of Property) Attached to and forming part of Policy No P 453953 of the National Ameri can Insurance Company Issued to Daniel Harald Ohlson and Doris C. Ohlson agency at Santa Rosa, Calif. dated Oct. 12, 1960 gives name as Carl J. Frazelle and Thelma G. Frazelle instead of Daniel Harold Ohlson and Doris C. Ohlson. Signed by Edna Beatty, Agent. Viewd by VS

1800 3.0242.79

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

Registration District No. 23 File No. 14052

No. 428 3 St. U.

Primary Registration District No. 2084 Registered No.

Hospital

FULL NAME OF CHILD Margaret Louise Jaynes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 23 1913

FATHER		MOTHER	
FULL NAME	Arthur W. Jaynes	FULL MAIDEN NAME	Blythe Sprague
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minneapolis, Minn	BIRTHPLACE	Ohio
OCCUPATION	Clerk. (R.R. Service)	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1030 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-27 19 13 John H Coughlin Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-23-042-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

Registration District No. 2-3 File No. 14053

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Sime

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 31 1913

FATHER		MOTHER	
FULL NAME	Harold W. Sime	FULL MAIDEN NAME	Dorothy Frederick
RESIDENCE	Hollister, Ida	RESIDENCE	Hollister Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-4 19.13 John W. Coughlin Registrar

S-Y CO. 20174

JUL 18 1975

398210 1042-398

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls.

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 14054

Primary Registration District No. 7185 Registered No.

FULL NAME OF CHILD Baby Cryder.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	5 10 1913

FATHER	MOTHER
FULL NAME Harold Cryder,	FULL MAIDEN NAME Gina Cryder.
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Ore.
OCCUPATION Laborer	OCCUPATION H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Fred Clouchek

(Physician or midwife)

Address Twin Falls Idaho

Filed 5-15 1913 John H Brigham Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-220-042-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 23 File No. 14055

Primary Registration District No. 2185 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	yes	May 20 1913

FATHER		MOTHER	
FULL NAME	Leonard L. Halloway	FULL MAIDEN NAME	Mary J. Anderson
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Homossonville Mo.	BIRTHPLACE	Penn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) May 20, 1913, at 2 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 5-26 19 13 John H. Brigham Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95-Y-217 0242 132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14056

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Registration District No. 2 3

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD Constance Amelia Redhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	May 17, 1913

FATHER		MOTHER	
FULL NAME	Leon Redhead	FULL MAIDEN NAME	Maud Atkin.
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Rock Creek
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. May 17, 1913, at 7 20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 5-20 1913 John H. Coughlan
Registrar

.....
Registrar

S-Y CO. 20174

JUN 6 19[illegible]
JUN 2 6 1975

253-215-642-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14057

County of Twin Falls

City of Twin Falls

No. 344 3rd E St.

Registration District No. 23 File No.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Marjory Ruth Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	May 15 1913

FATHER		MOTHER	
FULL NAME	Herman Beck	FULL MAIDEN NAME	Anna Nelson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. May 15, 1913, at 1:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Logan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5-20 1913 John A. Breshears
Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

996-211 C42-996

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14058

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		4	yes	May 11 1913

FATHER		MOTHER	
FULL NAME	Chas A. Rife	FULL MAIDEN NAME	Emma Rife
RESIDENCE	Twin Falls	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) May 11, 1913, at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 5-15 19 13 John A. Coughlan

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-165-042249

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 649 6th Ave St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14059

Primary Registration District No. 2185 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 5 1913

FATHER

FULL NAME	Albert Esling
RESIDENCE	Twin Falls Idaho
COLOR	white
AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter

MOTHER

FULL MAIDEN NAME	Mary M. Burgin
RESIDENCE	Twin Falls Idaho
COLOR	white
AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa
OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5-10 19 13 John H. Douglas
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

2 86-106-042-994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14060

Primary Registration District No. 2185 Registered No. .....

FULL NAME OF CHILD Shotwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	Yes	5 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm M. Shotwell	Minnie Zimmerman
RESIDENCE	Twin Falls Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Lineman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-10 1913 J. Lloyd Loughlin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

66-022-272-585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 14061

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD CATHERINE ADELAIDE Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		Yes	5 - 20 1913

FATHER		MOTHER	
FULL NAME	Richard Woodward	FULL MAIDEN NAME	Mabel Nye
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Fike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 5-25 19 13 John W. Coughlin Registrar

....., Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Los Angeles }

Certificate No. 14061
MAR - 8 1943
Date Filed Feb. 19

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Catherine Adelaide Woodward (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 20. 1913 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baby book record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on [illegible] 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Catherine Adelaide Woodward

Subscribed and sworn to before me this
day of Feb. 19, 19 43.
Mary J. Messick
Notary Public, residing at 112 So. Curson Los Angeles Cal
NOTARY PUBLIC
My commission expires In and for the County of Los Angeles, State of California
(SEAL) My Commission Expires March 24, 1946

Signed Mrs. Richard (Mabel) Woodward
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
5419 Marmion Way, Los Angeles Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of Feb. 19, 19 43
Mary J. Messick
Notary Public, residing at 112 So. Curson Los Angeles Cal
My commission expires In and for the County of Los Angeles, State of California
(SEAL) My Commission Expires March 24, 1946

Signed Richard Woodward
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
5419 Marmion Way Los Angeles Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... Certificate No. .....

County of ..... ss. Date Filed MAR 9 1943

The undersigned does solemnly swear that certain facts on the certificate of .....

(NAME OF PERSON AS FILED)

who ..... on .....

(PLACE OF EVENT) (DATE OF EVENT)

is ..... are erroneous or we so believe and that to the best of his knowledge the

true facts are: The undersigned ..... prepared on .....

(GIVE DATE)

FACTS TO BE CORRECTED ("NAME" ETC.)	FROM (CHANGE FOR EXAMPLE "NAME" ETC.)	TO (INSERT CORRECTION)

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed .....

(TITLE OF ATTEST. OFFICER, IF ANY. DIRECTOR INFORMANT IN CORRECTING A BIRTH RECORD)

My commission expires .....

(NOTARY PUBLIC OR OTHER OFFICIAL SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... ss.

(THIS AFFIDAVIT MUST ALSO BE EXECUTED BY ONE WITNESS UNDER SECTION 1000 OF THE REVISED STATUTES OF IDAHO.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and believes said statements to be true.

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed .....

(NOTARY PUBLIC OR OTHER OFFICIAL SEAL) (SIGNATURE OF PERSON MAKING PREVIOUS AFFIDAVIT)

My commission expires .....

(SIGNATURE OF NOTARY PUBLIC) (GIVE ADDRESS - CITY, STATE)

Recorded in Public Health Office .....

(REGISTRAR'S SIGNATURE)

3

663-206-042-493

Form V. S. No. 11-C—20m-2-15-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ' St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14062

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Joe Glenn Wolfe

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	5 6 1913

FATHER		MOTHER	
FULL NAME	John A. Wolf	FULL MAIDEN NAME	Jennie Miller
RESIDENCE	Twin Falls	RESIDENCE	T.F.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Grocer	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 5-15 19 13 John H Carylon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-1191042-962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Registration District No. 23 File No. 14063

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Paul Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 19 1913

FATHER		MOTHER	
FULL NAME	Lonnie C. Roberts	FULL MAIDEN NAME	Elonda Rose
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 5-24-1913 Arnold Engelen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

394 125 42-794

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of 4W IS Buhl

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 **File No.** 14064

Primary Registration District No. 23 **Registered No.** .....

FULL NAME OF CHILD CHESTER GRUBER CRUIKSHANK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	May 25 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Cruikshank	Josie Gruber
RESIDENCE	4W IS Buhl	same
COLOR / AGE AT LAST BIRTHDAY (Years)	white 31	white 21
BIRTHPLACE	Pa.	Mo.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. ocam M. on the date above stated.

(Signature) J. S. Mumpley

M.D.

(Physician or midwife)

Address Buhl Ida.

Filed J- 31 19 3 J. S. Mumpley Registrar

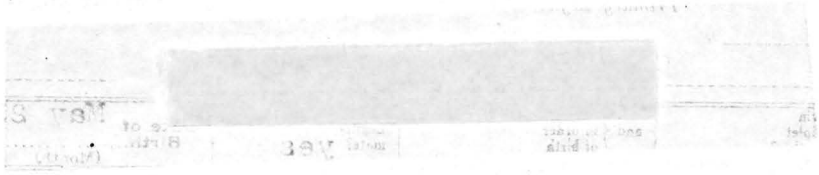
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



MAR 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of COLORADO }
County of MORGAN } ss.

Certificate No. 14064

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Chester Gruber Cruikshank (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Louis Cruikshank Jr.	Chester Gruber Cruikshank
		~~Josephine M. Cruikshank~~

Signed by mother

Subscribed and sworn to before me this 16th day of March, 1942.

Notary Public, residing at Brush, Colorado

My commission expires July 9, 1942 (Seal)

Signed Josephine M. Cruikshank
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Brush, Colorado
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires (Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1942

FEB 22 1973

MAR 15 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419.120.042-215-9

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin

City of Burke Ida Registration District No. 2087 File No. 14065

No. St.

Primary Registration District No. 23 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		No.	May 20 1913

FATHER		MOTHER	
FULL NAME	Merell Marchwort	FULL MAIDEN NAME	Frances Kirby
RESIDENCE	2	RESIDENCE	Burke Ida
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	2
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	2	BIRTHPLACE	Burke Tenn
OCCUPATION	Labor	OCCUPATION	Schoolgirl

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 5-25 1913 J. W. Murphy Registrar

8-Y CO. 20174

dup of 1913-D48-L065

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24421.042.433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 14066

No. ____ St.

Primary Registration District No. 23 Registered No. ____

Hospital ____

FULL NAME OF CHILD Katherine Mignon Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Russell Smith	Mary May McCleary
RESIDENCE	1 W - 1½ S Buhl	1 W - 1½ S Buhl
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	37
BIRTHPLACE	Manhattan Kans	Belmore O.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Buhl

Filed 5-25 1913 J. F. Murfley

S-Y CO. 20174 Registrar Registrar

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—20

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863-21-1042-415

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14067

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Marjorie Holman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 1913 (Year)
Girl		Yes	5 17

FATHER		MOTHER	
FULL NAME	Frank Holman	FULL MAIDEN NAME	Beatrice Davies
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry M.D.
(Physician or midwife)

Address Filer

Given names added from a supplemental report

..... 19.....

Filed 5-17 1913

John A Coughlin
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1940

76a2 32-072-219

PLACE OF BIRTH

County of Twin Falls

City of Jerome

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14068

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Leona Fern Goodpasture

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes	5 30 1913

FATHER		MOTHER	
FULL NAME	Roy Goodpasture	FULL MAIDEN NAME	Leona Martin
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or ~~mid-wife~~)

Address Jerome

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-30 1913 John H. Englehart Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599222 1042-666

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 73 File No. 14069

Primary Registration District No. 7086 Registered No. .....

FULL NAME OF CHILD Erickson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	5 22 1913

FATHER		MOTHER	
FULL NAME	Adolph Erickson	FULL MAIDEN NAME	Lena Wood
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Neb.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 P.M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D D A Newberry (Physician or midwife)

Address Filer

Filed 5-22 19 13 John K Deighton Registrar

8-Y CO. 20174

443-103-042-367

PLACE OF BIRTH

County of Twin Falls

City of Berger

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14070

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Mullen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	May 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Mullen	Frances Agnes Deaver
RESIDENCE	Berger Ida	Berger Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Arkansas	Walla Walla Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 7:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry M.D.
(Physician or midwife)

Address Idler

Given names added from a supplemental report

..... 19.....

Filed 5-3 1913 John H. Coughlin
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-109-042-213

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. VB

File No. 14071

Primary Registration District No. 2986

Registered No. .....

FULL NAME OF CHILD Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes.	Apl. 9 1913

FATHER		MOTHER	
FULL NAME	J. H. Price	FULL MAIDEN NAME	Mary Dale
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 05 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician ~~or midwife~~)

Address Filer

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-9 1913 John H. Coughlin Registrar

S-Y CO. 20174

BUREAU OF VITAL ST

CERTIFICATE OF

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Meridian — Registration District No. ____ — File No. 14072 A

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Lilly Ann Young.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	6 — 23 — 1913

	FATHER	MOTHER
FULL NAME	Willis Eaton Young	FULL MAIDEN NAME Mable Benson
RESIDENCE	Near Meridian	RESIDENCE Near Meridian
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D.

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed 6-25-13 C. L. Sutton

Registrar

.....

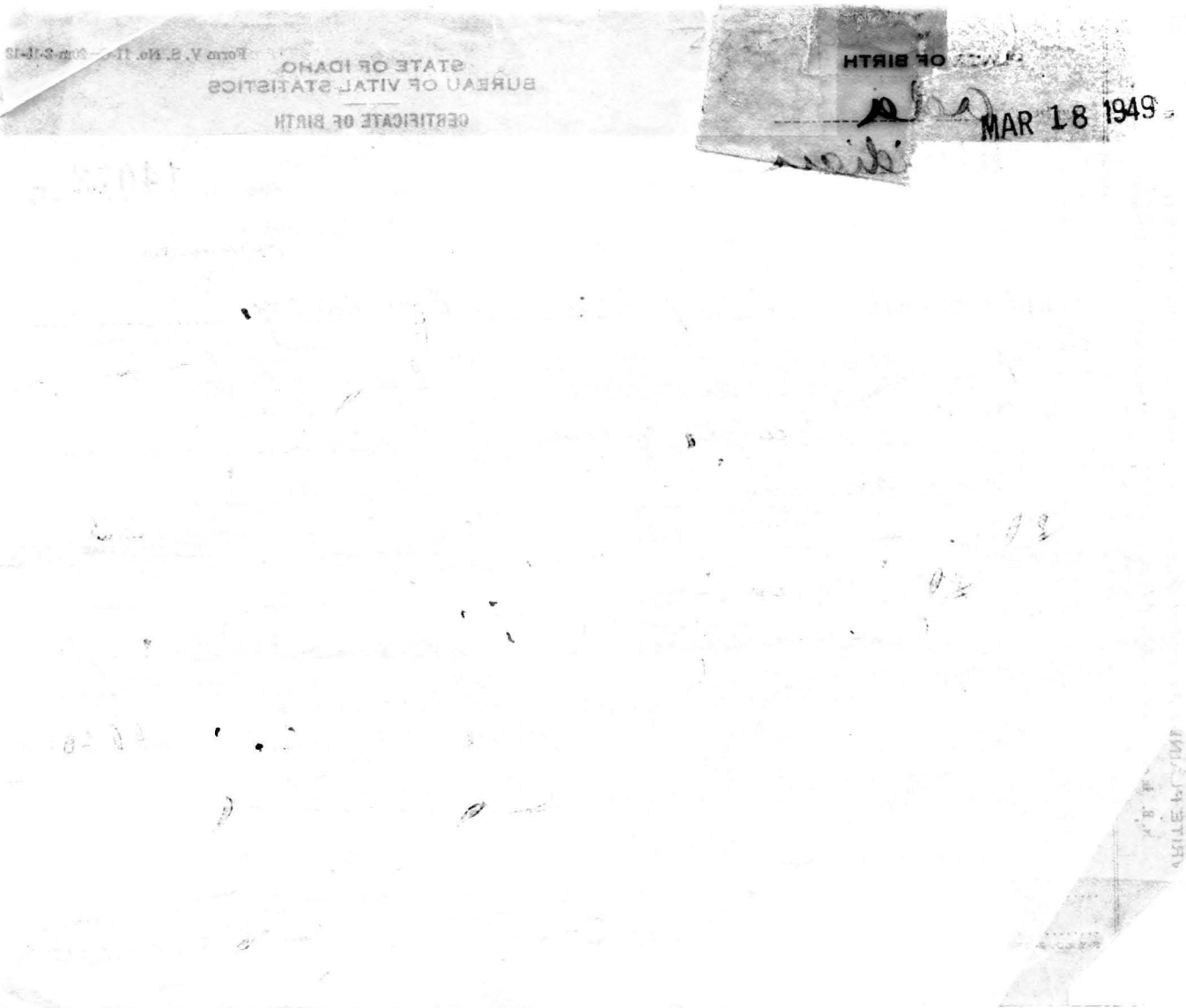
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


MAR 18 1949

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]ees

City of Arlesian

No X, X St.

Registration District No 23 File No 14072 B

Hospital X

Primary Registration District No 2182 Registered No.

FULL NAME OF CHILD Harry Beers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	may 22, 1913

FATHER		MOTHER	
FULL NAME	Walter E Beers	FULL MAIDEN NAME	Ida Lee
RESIDENCE	Arlesian City	RESIDENCE	Arlesian City
COLOR	white	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Oregon	COLOR	36
OCCUPATION	Grocery Salesman	BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1130 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Albee M.D.

Rock Creek Idaho
(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address

Filed 5-24-1913 John H Coughlan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 7 1973

292-125-00-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. ~ St.

Hospital ~

Registration District No. 11 File No. 14074

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Byron Douglas Kitching

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	~	~	yes	June 26th 1913

FATHER

FULL NAME J. Franklin Kitching

RESIDENCE 1617 Hays St. Boise Ida

COLOR White — AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Bertha Lee Beasley

RESIDENCE 1617 Hays St. Boise

COLOR White — AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Texas

OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M. D.

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

....19....

Filed 6-22-44 1913 C. L. Sutton

Registrar

S-Y CO. 20174

Registrar

249-110-00957

PLACE OF BIRTH

County of Ada

City of Ustick

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 14075

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Melvin Arthur Smith

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		yes	June 10 1913

FATHER	MOTHER
FULL NAME Arthur M. Smith	FULL MAIDEN NAME Grace Doubledingram
RESIDENCE Ustick Ada	RESIDENCE Ustick Idd
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.
(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 C. L. Dutton
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1956

FEB 17 1956

38-221-004643

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of ~~4½ mi W. & 3 mi No. Boise~~ Registration District No. 11 File No. 14076

No. 1 mi No. Dewey School Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 21st, 1913

FATHER		MOTHER	
FULL NAME	S. L. Chaney	FULL MAIDEN NAME	Ora Fuller
RESIDENCE	4½ mi W. & 3 mi No. Boise	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.

(Physician or Midwife)

Address Boise, Ida

Given names added from a supplemental report

....., 19.....

Filed July 14 1913 C. L. Dutton

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

255-216-019-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ____, ____ St.

Hospital Challis

Registration District No. 14

File No. 14077

Primary Registration District No. 2061

Registered No. 95

FULL NAME OF CHILD Laura Lybirdia Bennetts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 16, 1913

FATHER		MOTHER	
FULL NAME	George A Bennetts	FULL MAIDEN NAME	Harriet Walker
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kenney M. D.

(Physician or Midwife)

Address Challis

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/22 1913 C. L. Hatton Registrar

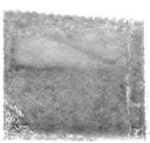
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 5 1944



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-215 · 019.453

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ....., ... St.

Registration District No. 14 File No. 14078

Primary Registration District No. 2061 Registered No. 94

Hospital Challis

FULL NAME OF CHILD Laura Pearl Blackburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 15 1913

FATHER		MOTHER	
FULL NAME	Richard Blackburn	FULL MAIDEN NAME	Ruby DeFang
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ired.	BIRTHPLACE	Wis.
OCCUPATION	Sawyer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M.D.

(Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed June 20 1913 E. L. Kelly

Registrar

S-Y CO., 16670

STATE OF
Bureau of Vita
CERTIFICATE

581-1,8-04-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 2010 File No. 14080

Primary Registration District No. 1018 Registered No. .....

FULL NAME OF CHILD Kermit Welcome Chapman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse N Chapman	Emma Vashti Corbin
RESIDENCE	Emmett Idaho	Emmett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Salt Lake City Utah	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Cummings (Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-5- 1913 J. F. Reynolds Registrar

8-Y CO. 20174

BUR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14080

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
middle name	[illegible]	[illegible]
birthplace	Jane Park City	Vermit Welcome Salt Lake City Chapman

Subscribed and sworn to before me this ..... day of June, 1944

Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed Emma Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

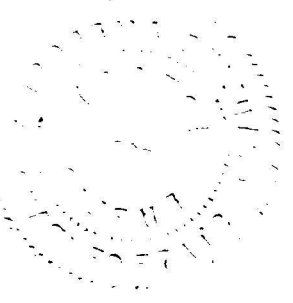
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 27 1949

JUN 1 1944

OCT 16 1944



182-201-014-613

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 14081

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Bygom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Theodore Wm Bygom	FULL MAIDEN NAME	Mary Etta Walters
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Newton Iowa	BIRTHPLACE	Springdale Ark
OCCUPATION	Ranch Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7:55 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

Filed 7-5- 1913 J.P. Reynolds

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1969

556-208 01X-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. _____ File No. 14082

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Alia ~~Lucinda~~ Newman

not known to me

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	** (To be answered only in event of plural births)		**	yes	June 8 1913

FATHER		MOTHER	
FULL NAME	Frank Newman	FULL MAIDEN NAME	Laura Barnard
RESIDENCE	Emmett Ida.	RESIDENCE	Emmett Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

Filed 7-5 1913 H. R. Reg

S-Y CO. 20174

Registrar

Registrar

MAR - 3 1975

This is not in my district but do not know
862-53-03-65 my registrar Wilson

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City Wilson

Registration District No. _____ File No. 14083

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Infant Hassins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 2 3 1913

FATHER		MOTHER	
FULL NAME	Wm A Hassins	FULL MAIDEN NAME	Rose Wozzock
RESIDENCE	Wilson Ida	RESIDENCE	Wilson Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Delange MD

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

Filed July 19 13

..... Registrar

R-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-22-01-4835

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 14084

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Ann Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 21 1913

FATHER		MOTHER	
FULL NAME	George L Green	FULL MAIDEN NAME	Margaret McEachron
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Rose

Physician

(Physician or midwife)

Address Nampa, Ida

Given names added from a supplemental report

..... 19.....

Filed 7/20 1913 P.S. Colange

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86K-12 1-01K-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14085

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ~~xxxxxxxxxx~~ Ralph Dean Young

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	No	✓	Yes	5 2 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred D Young	Effie D Orr
RESIDENCE	Nampa Ida	Nampa Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Dairy Expert	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Young M.D.

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

....19....

Filed Jul 1, 1913 S. P. Cadinga

Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 21 1942

FEB 9 1972

DECEASED

669-205 COIX-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. _____ File No. 14086

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Henrietta Lucille Ford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	no	✓	yes	5 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Merrit M. Ford	Rosie Harrison
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	So. Carolina	Kans.
OCCUPATION	Brewery Employe	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calaway M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 19 13 S. D. Calaway Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 14086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none (Name on Original Certificate) who (Was Born or Died) on May 5th 1913 (Date of Event)
in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Henrietta Lucille Ford

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of February, 1944

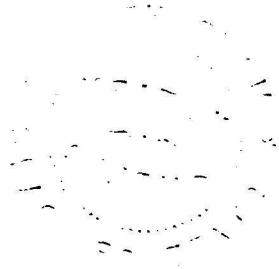
Maud Harris
Notary Public, residing at Nampa Idaho
My commission expires Sept. 18 - 1946
(Seal)

Signed Essie Pearl Harrison Ford Flora
(Signature of Any Credible Person Other Than Previous Year)

R. 4 Nampa Idaho
(Street Address, City, State)

APR 10 1947

MAR 1 1947



864-223-ORK 418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

Registration District No. _____ File No. 14087

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Phyllis Youngs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	2nd	2	Yes	5 23 1913

FATHER	MOTHER
FULL NAME E. P. Young (only name given)	FULL MAIDEN NAME Pauline Doklin
RESIDENCE Near Nampa Ida	RESIDENCE Do
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Texas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Filed June 10 1913 F. D. Calonge Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 14087

Female

Date Filed MAY 12 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Young (Name on Original Certificate) who born (Was Born or Died) on May 23, 1913 (Date of Event)
in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", ~~"Birth Date"~~, ~~"Cause of Death"~~, Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Margaret Phyllis

Subscribed and sworn to before me this 11 day of May, 19 42

J. F. Crook
Notary Public, residing at Renton
My commission expires Dec 9 - 1942
(Seal)

Signed E. R. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

708 - 3rd ave Renton, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of May, 19 42

J. F. Crook
Notary Public, residing at Renton, Wash.
My commission expires Dec 9 - 1942
(Seal)

Signed Pauline M Young
(Signature of Any Credible Person Other Than Previous Year)

708 - 3rd ave. Renton Wash
(Street Address, City, State)

MAY 25 1942

693-108-004-249

PLACE OF BIRTH

County of Canyon

City of near Nampa

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 14088

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ray Alvin Williamson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	no	1	yes	June 8 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J Williamson	Geneva Smith
RESIDENCE	Nr Nampa Ida	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Iowa	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. X. Young M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 19 13 S. E. Alonza Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-205-014-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15

CERTIFICATE OF BIRTH

County of Owyhee

City of

No. St.

Hospital

Registration District No.

File No. 14089

Primary Registration District No.

Registered No.

FULL NAME OF CHILD. Bebe Clarisse Rivett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6 5 1913

FATHER	MOTHER
FULL NAME Joseph Rivett	FULL MAIDEN NAME Elmira La Rue
RESIDENCE	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address

Given names added from a supplemental report

19

Filed July 6 13

Registrar

Registrar

S-V CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cert named from # 319078
9-1-42

DUP OF 1913-319078

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

995 205014 319

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
AUG 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319078
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address R#1

3. RESIDENCE of FATHER (city, state) Nampa Idaho.

4. FULL NAME OF CHILD Belle Clarisse Rivett

5. Date of Birth (Month, day year) June 5 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph A. Rivett
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Alvira La Rue
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Minneapolis (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 27 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alvira Rivett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Belle Clarisse Rivett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collonge (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alvira Rivett Signature
R# 4 Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of August, 1941.
(SEAL) E. B. Bedell Notary Public, residing at Nampa, Idaho

MAR 2 7 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DocP C 1913-1107 89

762-216104-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. ..... File No. 14090

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Harriet~~ DELMA Gasenor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	✓	Yes	6/16/1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Gasenor	Sarah Dillman
RESIDENCE	Nampa, Ida	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Mo	Minn
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.
(Physician or midwife)

Address Nampa, Ida.

Given names added from a supplemental report

..... 19.....

Filed July 1 1913

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida } ss.
County of Ada }

Certificate No. 14090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delma Gosvenor (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1913 (Date of Event)
in Nampa, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Delma Gosvenor

Subscribed and sworn to before me this 18th day of June, 1942.

L. L. Peterson
Notary Public, residing at Boise, Ida.
My commission expires My Commission Expires May 15, 1944
(Seal)

Signed Jennie Dillman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pacific Hotel, Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

JUN 19 1942

JUN 15 1976

142-289028-231

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 518 Summit St.

Hospital

BUREAU OF VITAL STATISTICS, IDAHO

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 14

Primary Registration District No. 1003

File No. 14091

Registered No. 422

FULL NAME OF CHILD Catherine Estelle Amshutz

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	Yes	May 29 1913

FATHER		MOTHER	
FULL NAME	Edward F. Amshutz	FULL MAIDEN NAME	Leona Opal Stamper
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Printer	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

.....19....

.....
Registrar

Filed 7/10 1913 D. D. Freeman
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
AU OF VITA
CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

154-221-028-463

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C [illegible]-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14092

Primary Registration District No. 1003 Registered No. 435

FULL NAME OF CHILD ~~Not Named~~ VIOLET MAY ANDREWS

Sex of Child Female | Twin Triplet or other? Single | and Number in order of birth 4 | Legitimate? Yes | Date of Birth 6 (Month) 21 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tony Andrews	FULL MAIDEN NAME	Jane A. Goldsmith
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Prop. Pool room	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Rhyne

Rhyne (Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/10 1913 D. D. Greenawalt Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Sanders }

Certificate No. 14092

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "unnamed" (Name on Original Certificate) who was born (Was Born or Died) on June 21st 1913 (Date of Event)
in Coeur d Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on about September 13, 1913 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Violet May Andrews

Subscribed and sworn to before me this 8th day of October, 42

William T. Shallenberger

Notary Public, residing at Thompson Falls, Montana

My commission expires January 21, 1944 (Seal)

Signed Jane Ann Andrews (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Trout Creek, Montana (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Sanders }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of October, 19 42

Neil Hurst

Notary Public, residing at Trout Creek, Montana

My commission expires December 17, 1943 (Seal)

Signed Tony Andrews (Signature of Any Credible Person Other Than Previous Year)

Trout Creek, Montana (Street Address, City, State)

NOV 13 194

FEB 1952

366123-028958

PLACE OF BIRTH

County of Kootenai

~~City of~~ Rockford Bay

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14093

Primary Registration District No. 1003 Registered No. 438

FULL NAME OF CHILD George William Cowan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Single	1	Yes	June 23 1913

FATHER

FULL NAME George William Cowan

RESIDENCE Rockford Bay

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle May Reynolds

RESIDENCE Rockford Bay

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Mich

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a.; M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Dwyer Phys

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/10 1913 D. D. Drennan Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 3 1942

JUN 12 1942

455-106 cc 27 944

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 2 File No. 14094

Primary Registration District No. 2049 Registered No. 425

FULL NAME OF CHILD John Denny

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas John Denny	Lottie Zumwalt
RESIDENCE	Waitsburg Wash	Waitsburg Wash
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Virginia	Washington
OCCUPATION	Log fireman	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Cumwalt

(Physician or ~~midwife~~)

Address St Maries Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9-16-1913 D. L. Freeman Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 6 1972

893-22-6-28-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ~~11~~ ~~11~~ St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14095

Primary Registration District No. 2049 Registered No. 426

FULL NAME OF CHILD Doyne Ellen Hillhouse

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 - 6 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Hewlett Hillhouse	Mollie Ellen ~~Graham~~ Graham
RESIDENCE	St. Maries	St. Maries
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Missouri	Kentucky
OCCUPATION	R. R. Brakeman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 5-26-6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Address St. Maries, Idaho

Filed 7-10-1913 D D Drennan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

613-110-02-3-863

PLACE OF BIRTH

County of Kootenai

City of Wallace

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14096

Primary Registration District No. 2049 Registered No. 428

FULL NAME OF CHILD JESS EUGENE WATSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	June 10th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Watson	FULL MAIDEN NAME	Lizzie Hollingsworth
RESIDENCE	Carlin Bay Idaho	RESIDENCE	Carlin Bay Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 10th 1913, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Spinning M.D.
Physician
(Physician or midwife)

Address Wallace

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-10-1913 A. D. Brennan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 14096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jess Eugene Watson (Name on Original Certificate) who was born (Was Born or Died) on June 10, 1913 (Date of Event)
in near Harrison, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record (Bible Record, Insurance Policy, Etc.) prepared on March 4 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jess Eugene Watson

Subscribed and sworn to before me this 4
day of March, 1942

Jas. A. Justus Clerk of the District Court
Notary Public, residing at ~~Office Auditor and Recorder~~
My commission ~~expires~~ (Seal) By Gertrude Gabbs, Deputy

Signed Jesse Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marine Route, Coeur d'Alene, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of March, 1942

Jas. A. Justus Clerk of the District Court
Notary Public, residing at ~~Office Auditor and Recorder~~
My Commission expires By Edna M. Peel Deputy
(Seal)

Signed Mrs Minnie Justus
(Signature of Any Credible Person Other Than Previous Year)

320 Richards Ave Coeur d'Alene, Idaho
(Street Address, City, State)

MAR 24 1942

202-115-028-4/05

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14097

Primary Registration District No. 2649 Registered No. 430

FULL NAME OF CHILD Edson R Booth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	June 15 1913

FATHER		MOTHER	
FULL NAME	Lenard Booth.	FULL MAIDEN NAME	Margaret Dorcas.
RESIDENCE	Harrison Idaho.	RESIDENCE	Harrison Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas.	BIRTHPLACE	Missouri
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on June 15th 1913, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Kinney M.D.

Physician
(Physician or midwife)

Address Harrison

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-10- 1913 D D Drennan
Registrar

R-Y CO. 20174

447-21-6028-367

PLACE OF BIRTH

Form V. S. No. 11-O—Rev. 6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 12 File No. 14098

Primary Registration District No. 2049 Registered No. 431

FULL NAME OF CHILD Prudence Dupraw

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes.	June (Month) 16 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Egra Dupraw	FULL MAIDEN NAME Emma Cox.
RESIDENCE St. Maries	RESIDENCE St. Maries
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION Timberman in Mill	OCCUPATION Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address St. Maries

Filed 7-10- 1913 L L Drennan

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1973

245-116-028-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital Residence

Registration District No. 14

Primary Registration District No. 2049

File No. 14099

Registered No. 432

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3d	Yes	June 16th 1913

FATHER

FULL NAME: Arthur Meldeen

RESIDENCE: Rose Lake Ida

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Riordan Wash.

OCCUPATION: Steam Engineer

MOTHER

FULL MAIDEN NAME: Lizzie McDowell

RESIDENCE: Rose Lake Ida

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C E Worthington Physician

(Physician or midwife)

Address Rose Lake Ida

Filed 7-16 19 13 D S Dillman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

56K-117, 028-357

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Dudley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14100

Primary Registration District No. 2049 Registered No. 453

FULL NAME OF CHILD Theodore Raymond Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	Yes	June 17 1913

FATHER

FULL NAME Raymond C Young

RESIDENCE Dudley Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Naomi Leach

RESIDENCE Dudley Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L E Worthington

Physician

(Physician or midwife)

Address Rose Lake Ida

Given names added from a supplemental report

..... 19.....

Filed 7-10 19 13 D D Drennan

S-Y CO. 20174 Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-Rev.

6 1942

5-Y 20-028968

Form V. S. No. 11-O—10...3-15-1a

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Kootenai

City of St. Maries — Registration District No. 12 — File No. 14101

No. ..... St. — Primary Registration District No. 2044 — Registered No. 434

Hospital St. Maries Hosp

FULL NAME OF CHILD Baby Valentine

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
Male			yes	6 (Month) — 20 (Day) — 1913 (Year)

FATHER		MOTHER	
FULL NAME	Peter Fred Valentine	FULL MAIDEN NAME	Martha Marie Rohloff
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minn
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or Stillborn~~), at 3.36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

~~Physician~~

(Physician ~~or midwife~~)

Address St. Maries Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/10 19 13 L. D. Drennan Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of

243.121-028-719

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 12 File No. 14102

Primary Registration District No. 2049 Registered No. 436

FULL NAME OF CHILD Baby Billups

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	6 (Month) – 21 (Day) – 1913 (Year)

FATHER		MOTHER	
FULL NAME	Francis Otto Billups	FULL MAIDEN NAME	Gladys Mary Gasbar
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 11 9/ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician

(Physician ~~or midwife~~)

Address St. Maries Idaho

Given names added from a supplemental report

..... 19.....

Filed 7/10 19 13 D D Drennan

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
NOV 25 1955

553-22-028-624

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C ~~20m-8-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... *St.*

Registration District No. 12 **File No.** 14103

Primary Registration District No. 2084 **Registered No.** 437

Hospital .....

FULL NAME OF CHILD Kathleen Marguerite Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Nelson	Ella Asmer
RESIDENCE	St Maries	St Maries
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Michigan	Wisconsin
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Cammack

(Physician or ~~midwife~~)

Address St Maries

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-10 1913 D D Freeman Registrar

5-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

859.126.028-168

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14104

Primary Registration District No. 2649 Registered No. 439

FULL NAME OF CHILD Fred Hunnicutt Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Fred Hunnicutt	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	St Maries	RESIDENCE	~~Michigan~~ St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Cornwall

(Physician or midwife)

Address St Maries

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/10 1913 D D Drennan Registrar

S-Y CO. 20174

Form V. S. No. H-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-B-C-028-553

PLACE OF BIRTH

County of Kootenai

City of St Joe

No. ..... St.

Hospital Idaho

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 14105

Primary Registration District No. 2049 Registered No. 441

FULL NAME OF CHILD Earl — Bruce.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	S	1	Yes	June 30, 1913

FATHER		MOTHER	
FULL NAME	Earl Ernest Bruce	FULL MAIDEN NAME	Georgia Marion Nelson
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16. (Years)
BIRTHPLACE	Indiana.	BIRTHPLACE	Washington
OCCUPATION	Signal Maintainer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician

(Physician or Midwife)

Address St Joe Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7/10 1913 A. D. Freeman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BRACE

DUP. OF 1913-163206

415.1291-28-373

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-28-11

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12

File No. 14106

No. ....., ... St.

Primary Registration District No. 2049

Registered No. 440

Hospital .....

FULL NAME OF CHILD ~~Andrea, Jacco~~ Jack Valentino

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 29, 1913

	FATHER	MOTHER
FULL NAME	Andrea Valentino	FULL MAIDEN NAME Calanello Vittoria
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	27 (Years)
BIRTHPLACE	Italy	Italy
OCCUPATION	Stone Mason	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Lisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-10 19 13 O. O. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 29, 1941. E.W.

652-21 N 028-368

PLACE OF BIRTH

County of Bonneville

City of Central

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 14107

Primary Registration District No. 2051 Registered No. 421

FULL NAME OF CHILD Gladys Cecila Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	May 17 1913

FATHER		MOTHER	
FULL NAME	John Webb	FULL MAIDEN NAME	Carrie Coyle
RESIDENCE	Central	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Her

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Drennan M D

(Physician or midwife)

Address Paul Idaho

Filed 7/10 1913 L D Drennan Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F

AUG 2 7 1974

038-114-028-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14

File No. 14108

Primary Registration District No. 2051

Registered No. 423

FULL NAME OF CHILD Harold Lesley Schilling

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	/	/	yes	May 14, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gustavus F. Schilling	Edith M. Budka
RESIDENCE	Post Falls,	Post Falls, Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	46	30
BIRTHPLACE	Germany	Germany
OCCUPATION	Butcher	Ho-wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) May 14th 1913 at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F Campbell M.D

(Physician or Midwife)

Address Post Falls

Filed 7-10-1913 D D Drennan

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

K

APR 1 0 1975

4166-105 208-296

Amended 5/20/74

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14109

Registered No. 4944

PLACE OF BIRTH

County of Kootenai

City of _____

No. _____ St.

Hospital _____

Registration District No. 1 W

Primary Registration District No. 2051

FULL NAME OF CHILD Robert Roy Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 5 1913

FATHER		MOTHER	
FULL NAME	Edward E Moore	FULL MAIDEN NAME	Lottie Brown
RESIDENCE	McGuire	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 129 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Drennan MD

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7-10- 1913 A D Drennan Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 24 10 08 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 14109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rob. Roy Moor (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1913 (Date of Event)
in McGuire, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance (Bible Record, Insurance Policy, Etc.) prepared on apr 22 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Rob. Roy Moor	Robert Roy Moore
father's name	Moor	Moore

Subscribed and sworn to before me this 22nd day of April, 1974

Notary Public, residing at Spokane, Wn.
My commission expires 12-24-77
(Seal)

Signed Vera B. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4425 S. Ash St. Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1974

Notary Public, residing at Spokane
My commission expires 12-24-77
(Seal)

Signed Myrtle M. Padgett
(Signature of Any Credible Person)

307 No. Ash, Spokane, Wn
(Street Address, City, State)

FORM DH 60-155

CL 12/11/73 lcc pd. rec. #28182.

Ins. Policy from The Prudential ins.Co. of America gives name as Robert R. Moore Policy No. D10 336 514 dated Sept. 28, 1938. Viewed by V. S.

MAY 21 1974

Partnership Agreement made and enterd into June 24th, 1948. between L. M. Smith, First Party and Robert R. Moore,Second Party. viewed by V. S.

Verification of death from Smith Funeral Home of Edward Everett Moore born April 11, 1861 and died March 7, 1941. died Spokane, WA. viewed by V. S.

New Dictionary of the English Language 1929 Edition. inside cover name written as Robert R. Moore 4425 S. Altamont, Spokane, Wash. 99203. dated listed as A. D. 1930 viewed by V. S.

414-210-228-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 14 File No. 14110

Primary Registration District No. 2057 Registered No. 429

FULL NAME OF CHILD Male

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 10 1913

FATHER

FULL NAME J A Kolari

RESIDENCE Athol

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Finn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martha Peterson

RESIDENCE "

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Finn

OCCUPATION H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D D Freeman MD

(Physician or midwife)

Address Rathdrum

Filed 7-10-1913 D D Freeman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1969

Amended 2/28/72

993 d12 1028-855

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14111
Local Reg. No.
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Post Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Post Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Frances

b. (Middle): Pearl

c. (Last): Richards

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 12, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): John

b. (Middle): L.

c. (Last): Richards

8. AGE (At time of this birth): 50 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ursula

b. (Middle): P.

c. (Last): Hendren

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B. F. Campbell, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Post Falls, Idaho

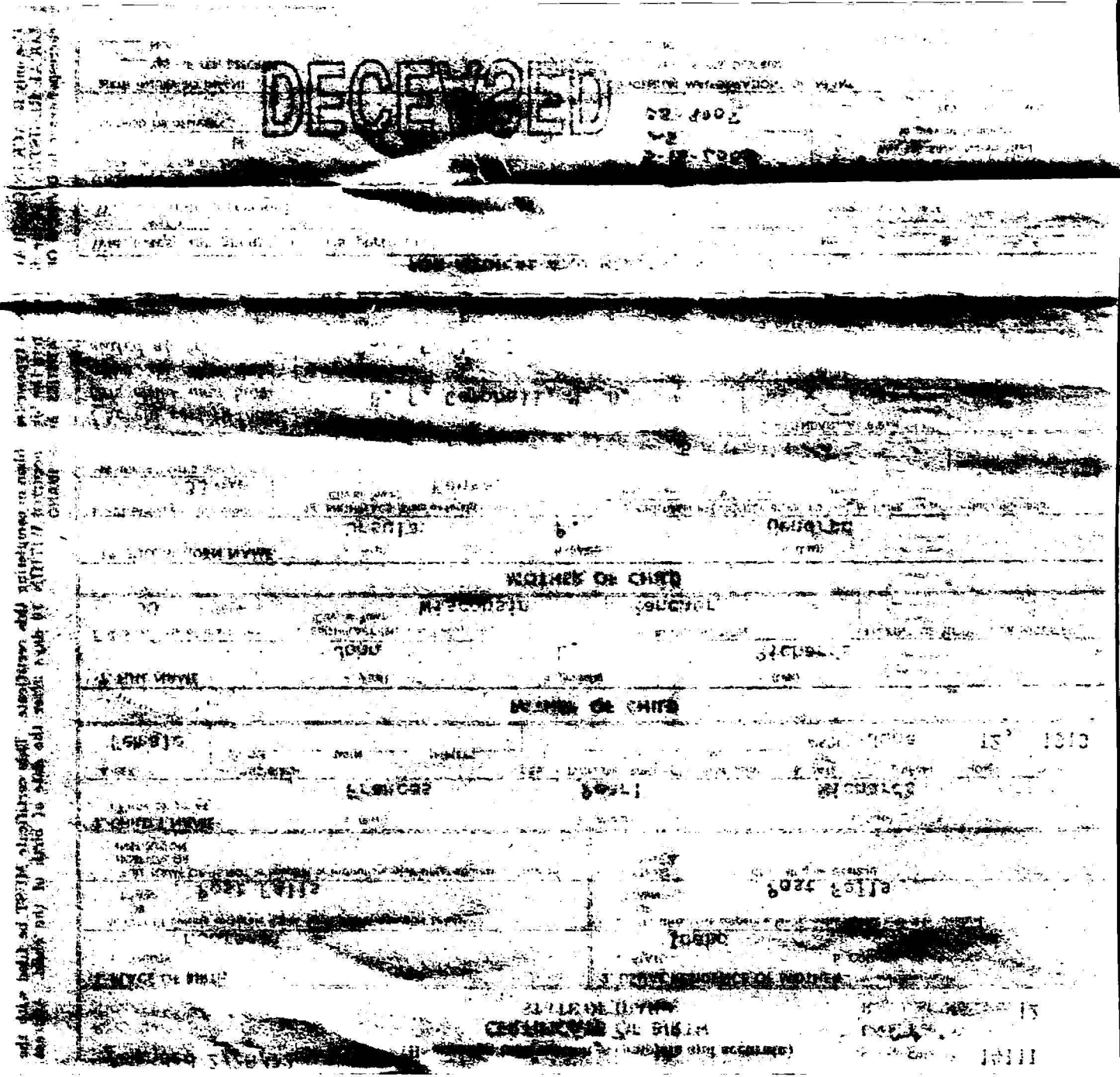
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7-10-13

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.


DECEASED

1-14-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 10 8 54 AM '72
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Kansas
County of Leavenworth } ss.

Certificate No. 14111
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Agnes Pearl Richards (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1913 (Date of Event)
in Post Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) entered ~~prepared on~~ shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Agnes Pearl Richards	Frances Pearl Richards

Subscribed and sworn to before me this 7th day of February 19 73

Notary Public, residing at Leavenworth, Kansas
My commission expires December 11, 1973
(Seal)

Signed Marie Belinda Collins, nee Richards
(Signature of parent or attendant if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record~~; or other credible person.)

601 Kickapoo St., Leavenworth, Kansas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas
County of Leavenworth } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February 19 73

Notary Public, residing at Leavenworth, Kansas
My commission expires December 11, 1973
(Seal)

Signed Barbara Lorna Edgell nee Richards
(Signature of Any Credible Person)

Lakeside Terrace Mountain Home Arkansas
(Street Address, City, State)

FORM DH 60-155

Family Bible Record for John Lincoln Richards and Pearl Hendren gives daughter's name as Frances Pearl Richards. Born June 12, 1913. Appears to be old. Viewed VS

Insurance Policy from The Prudential Insurance Co. Of America gives insured's name as Frances P. Richards. Dated July 20, 1931. Date of birth June 12, 1913. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 14

File No. 14111

Primary Registration District No. 2051

Registered No. 429

FULL NAME OF CHILD Agnes Pearl Richards

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F. M.	1		1	yes	June (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L. Richards	FULL MAIDEN NAME	Ursula P. Henderson
RESIDENCE	Rancher	RESIDENCE	Post-Falls. Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Ho. wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 32 A.M. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. F. Campbell M.D.

(Physician or Midwife)

Address Post Falls

Given names added from a supplemental report

..... 19.....

Filed 7-10- 1913 D. D. Drennan

Registrar

S-Y CO., 16670

Registrar

FEB 25 1972

862002100276

CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

Registration District No. 2

File No. 14112

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 172

Hospital St Lukes

FULL NAME OF CHILD Holden Baby II Died

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	June 2, 1913

	FATHER	MOTHER
FULL NAME	Arthur C Holden	FULL MAIDEN NAME Ava Sponsler
RESIDENCE	311 Bannock St	311 Bannock St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Colorado	Nebraska
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bivin MD

Physician

(Physician or Midwife)

Given names added from a supplemental report

6/30 1913 Address 208 Idaho Bldg Boise

N. S. Gilbert Registrar

Filed 6-5 1913

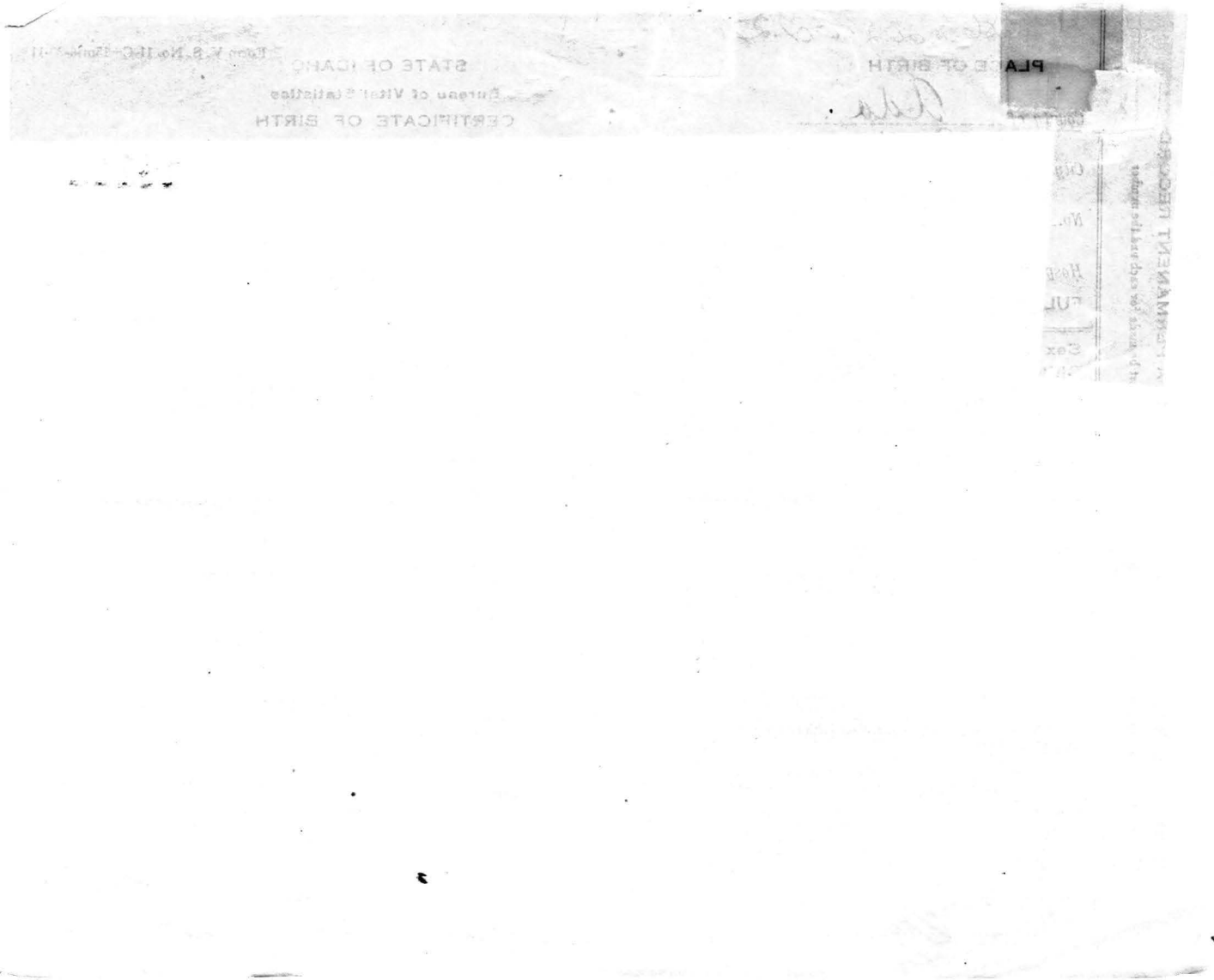
N. S. Gilbert Registrar

6-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



863-202-00-276

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14113

No. ____ St.

Primary Registration District No. 1004

Registered No. 172

Hospital St Lukes

FULL NAME OF CHILD Holdrn - Baby Not

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin (To be answered only in event of plural births)	1	yes	June 2, 1913

FATHER		MOTHER	
FULL NAME	Arthur C Holdrn	FULL MAIDEN NAME	Ava Sponsler
RESIDENCE	314 Bannock St	RESIDENCE	314 Bannock St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bixler MD

Physician

(Physician or Midwife)

Given names added from a supplemental report

6-8 1913 Address 208 Idaho Bldg Boise Ida

Registrar

Filed 6-3 1913

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U.S.—Rev. 6-5-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79-210-60-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 1606 N. 12th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 14114

Primary Registration District No. 1004 Registered No. 174

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
f			l	May 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur F Pratt	Ethel M Sanders
RESIDENCE	Boise Ida	Boise Ida
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Minn.	Ida
OCCUPATION	clerk	H W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brecke

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report 6-3 19

Filed 6-3 19 13 M. S. Parker Registrar

Registrar

5-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4/9215-00-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1 Alphonsus Hosp.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14115

Registered No. 175

FULL NAME OF CHILD Irene Elizabeth Manson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			L	May 15th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas R Manson	FULL MAIDEN NAME	Lizzie Thompson
RESIDENCE	Star Ida	RESIDENCE	Star Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nev	BIRTHPLACE	Ut
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive or ~~stillborn~~) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bonk

(Physician ~~or midwife~~)

Address Boise Ida

Given names added from a supplemental report

6/[illegible]

Filed 6-3 1913 W. H. Parker Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 - 1961

693-217-0.01-693

PLACE OF BIRTH

County of Ada

City of Boise

No. West Fourth St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14116

Primary Registration District No. 1004 Registered No. 176

FULL NAME OF CHILD JOHANNA WILLIAMSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			L	May 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Williamson	FULL MAIDEN NAME	Mary Williamson
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Horsedealer	OCCUPATION	H W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck (Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

6-8-[illegible] 19[illegible]

Registrar

Filed 6-[illegible] 19[illegible]

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—6m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson

Certificate No. 14116

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Johanna Williamson (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 3, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Johanna Williamson

Subscribed and sworn to before me this first day of April, 19 43.

Sallie Brown
Notary Public, residing at Kansas City, Mo.

My commission expires Dec. 17, 1946
(Seal)

Signed Mary Williamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1200 College, Kansas City, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MISSOURI } ss.
County of JACKSON

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 19 43

Sallie Brown
Notary Public, residing at Kansas City, Mo.

My commission expires Dec. 17, 1946.
(Seal)

Signed John Williamson
(Signature of Any Credible Person Other Than Previous Year)

1200 College, Kansas City, Mo.
(Street Address, City, State)

APR 13 1943

APR 15 1949

JAN 9 1975

APR 5 1976

25-123-60-432

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 316 Wash St.

Hospital

Registration District No. 2 — File No. 14117

Primary Registration District No. 004 — Registered No. 17

FULL NAME OF CHILD Clarence A. Seabright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L	May 23, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther A. Seabright	Margaret McBirney
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Ohio	Ia
OCCUPATION	Electrician	H W

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) John Bank

(Physician or ~~midwife~~)

Address Boise Idaho

Filed 6-3 19 13 Wm Watkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

449-25-00-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 14118

No. St.

Primary Registration District No. 004 Registered No. 178

Hospital St. Lukes Hosp.

FULL NAME OF CHILD Carol Murphy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			L	May 25th 1913

FATHER		MOTHER	
FULL NAME	Carol Murphy	FULL MAIDEN NAME	Grace M. Thornton
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Norway	BIRTHPLACE	Ill
OCCUPATION	Miner	OCCUPATION	H W-

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 4 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacck

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

19

Registrar

Filed 6 19 13

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 2[illegible], 1970. E.W.

963.229 09-114

PLACE OF BIRTH

County of Ada

City of Boise

No. 116 [illegible] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14119

Primary Registration District No. 1004 Registered No. 17

FULL NAME OF CHILD Lucy May Rocks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1918

FATHER		MOTHER	
FULL NAME	George Rocks	FULL MAIDEN NAME	[illegible]
RESIDENCE	[illegible] Boise	RESIDENCE	[illegible]
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	[illegible]	BIRTHPLACE	[illegible]
OCCUPATION	Stock Cattle	OCCUPATION	[illegible]

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 6/3 19 18

S-Y CO. 24655

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 14119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rocks (Name on Original Certificate) who born (Was Born or Died) on May 29, 1913 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #414289 48-1955 (Bible Record, Insurance Policy, Etc.) prepared on School Record - 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child s Name	Unnamed	Lucy May Rocks

Subscribed and sworn to before me this 19th day of March 1955

Notary Public, residing at Boise, Idaho
My commission expires March 6, 1959
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March 1955

Notary Public, residing at Boise, Idaho
My commission expires March 6, 1959
(Seal)

Signed [signature] (Signature of Any Credible Person)

809 N 19 Boise Ida (Street Address, City, State)

FORM DPH 55. 155

[redacted]

443-125-1001-292

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-4-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 607 1/2 Grove St.

Hospital Home

Registration District No. 2

File No. 14120

Primary Registration District No. 1004

Registered No. 186

FULL NAME OF CHILD Peter Wildenburger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
boy			Yes	28 (Month) Monday (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	George Wildenburger	Gertrude Birch
RESIDENCE		Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	17 (Years)
BIRTHPLACE	Ohio	Minnesota
OCCUPATION	Printer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at 9 1/2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carilla J. Robbins

midwife

(Physician or Midwife)

Address 219 Warm Springs Ave

Given name added from a supplemental report

..... 19.....

Filed 6/3 1913

..... Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

767-263-84-137

PLACE OF BIRTH

County of Ada

City of Boise

No. 607 Grove St.

Hospital St. Dr. C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 2

Primary Registration District No. 1004

File No. 14121

Registered No. 16

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2d		February 2 1914

FATHER	MOTHER
FULL NAME Lehman Goldorf	FULL MAIDEN NAME Dosie Algner
RESIDENCE Boise Idaho	RESIDENCE Boise
COLOR Spanish	COLOR Latina
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION day laborer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrilla D Robbins

Midwife

(Physician or Midwife)

Address 219 Grove St Boise

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 6-3 19 13

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

65202 V-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14123

Primary Registration District No. 1004 Registered No. 1[illegible]

FULL NAME OF CHILD Margaret Laura Wells

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 27 1913

FATHER

FULL NAME Edward Wells.

RESIDENCE 1216 N. 11th

COLOR No. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Wisconsin

OCCUPATION U. S. Weather Bureau

MOTHER

FULL MAIDEN NAME Laura Long

RESIDENCE 1216 N. 11th St.

COLOR White. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer M. D.
(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-5 19[illegible] [illegible] Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 14123
JUN 29 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Laura Wells (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on May 31, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Wells	Margaret Laura Wells

Subscribed and sworn to before me this 26th day of June, 1945.
Nellie J. Fowler
Notary Public, residing at Portland, Ore.
My commission expires 2/16/46
(Seal)

Signed Edward L. Wells Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3017 N.E. 60th Ave., Portland 13, Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th day of June, 1945.
Nellie J. Fowler
Notary Public, residing at Portland, Ore.
My commission expires 2/16/46
(Seal)

Signed Laura A. Wells Mother
(Signature of Any Credible Person)
3017 N.E. 60th Ave., Portland 13, Ore.
(Street Address, City, State)

JUL 2 1945

304-126-ecr-449

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 14124

No. ..... St.

Primary Registration District No. 1004 Registered No. .....

Hospital St Alphonsus

FULL NAME OF CHILD William James Coughlin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	yes	May 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Coughlin	Florence Murphy
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	21
BIRTHPLACE	Connecticut	Portland, Oregon
OCCUPATION	Furniture Dealer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 26 1913 (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given name added from a supplemental report

..... 19.....

Filed 6-6 19.....

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

691-225-001-148

PLACE OF BIRTH

County of Ada

City of Boise

No. 1215 Hays St.

Hospital

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14125

Primary Registration District No. 1004 Registered No. 185

FULL NAME OF CHILD Jane Thare Fraser

PHARE

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	/	/	yes	May 25, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred A. Fraser	FULL MAIDEN NAME	Ada Johnson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Chicago Ill.
OCCUPATION	Attorney at Law	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May (Born alive or stillborn) 1913, at 1.9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. McCalla

(Physician or ~~Midwife~~)

Address Boise Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed 6-[illegible], 19..... Registrar

S-Y CO., 16669

MAR 30 1942

NOV 4 1970

MAR 9 1973

243-130-04-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 16½ E of Eastman St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14126

Primary Registration District No. 104 Registered No. 17

FULL NAME OF CHILD Kenneth Franklin Buck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 30th 1913

	FATHER	MOTHER
FULL NAME	J. L. Buck	FULL MAIDEN NAME Rosie Belle Franklin
RESIDENCE	16½ and Eastman	RESIDENCE 16½ Eastman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Kansas
OCCUPATION	Herder Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise. Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jun 6 1913

Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

243-131-004-X16

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 1004 Thatcher St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 14127

Primary Registration District No 104 Registered No. 141

FULL NAME OF CHILD JOHN ROBERT BUCHANAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	May 31, 1913

FATHER	MOTHER
FULL NAME Alexander R. Buchanan	FULL MAIDEN NAME Hannah M Shaw
RESIDENCE 1004 Thatcher	RESIDENCE 1004 Thatcher
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Real Estate	OCCUPATION Housewife
Number of child of this mother, including present birth 4	Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Lukey

Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

—, 19..

Registrar

Filed 6-6 19 13 W. S. Parker Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

PLACE OF

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 9 9 01 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 14127

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Buchanan (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Robert Buchanan

Subscribed and sworn to before me this 22nd day of February, 19 78

Mary L. Snider

Notary Public, residing at Long Beach, Ca 90802

My commission expires September 22, 1981

(Seal)

Signed Robert Buchanan Schmuck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3635 E 1st St Long Beach, Ca. 90803
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of March, 19 78

W. Delores Wilson

Notary Public, residing at Hermiston, Or.

My commission expires May 5, 1979

(Seal)

PENDLETON BRANCH
UNITED STATES NATIONAL BANK OF OREGON
PENDLETON, OREGON

Signed [signature]
(Signature of Any Credible Person)

Manager

P.O. Box Address

Hermiston, Or 97838
(Street Address, City, State)

FORM DH 60-155

CL 9/2/77 nm

Certificate of Baptism gives name as John Robert Buchanan child of Roy Buchanan and Hannah McGraw was born May 31, 1913 and Baptized August 16, 1913 in the Roman Catholic Church. Rev. Remi S. Keyser. St. John's Cathedral, Bois, Idaho
Viewed by V.S.

Certificate of Marriage gives name as John Robert Buchanan married to Avalyn Winona Butler on Sept. 13, 1940. License issued by the State of Nebraska, County o Fillmore. James F. Ljelroy, Catholic Priest
Viewed by V.S.

8-18-113-001-863

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 14128

No. ..... St.

Primary Registration District No. 1004 Registered No. 180

Hospital St Lukes

FULL NAME OF CHILD Ralph Hollister Hayes

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	yes	Apr. 13, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. O. Hayes	FULL MAIDEN NAME	Ora Hollister
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mass.	COLOR	White
OCCUPATION	Clerk Cigar Store	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Boise Idaho
		OCCUPATION	House wife

Number of child of this mother, including present birth ... 1 ...

Number of children, of this mother, now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive / Apr. 13 / 13 at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or ~~Midwife~~)

Address Boise Idaho

Given name added from a supplemental report

..... 19.....

Filed 6 6 1913 M. S. Parker

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 31 1941

JAN 10 1955

94-113-00-551

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-..

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 2

File No. 14129

No. , St.

Primary Registration District No. 1004

Registered No. 109

Hospital St Alphonsus

FULL NAME OF CHILD Robert Evans Sidebotham

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	/	yes	Apr. 13, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Sidebotham	FULL MAIDEN NAME	Blodwen Evans
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Julesburg Colorado	BIRTHPLACE	England
OCCUPATION	Orchard Promoter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on April 13th 1913, at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or ~~Midwife~~)

Address

Given name added from a supplemental report

....., 19.....

Registrar

Filed 6-6 1913 W. H. Langbein

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 28 1942

816-24-002-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14130

No: ..... St.

Primary Registration District No. 1004

Registered No. 190

Hospital St. Alphonsus

FULL NAME OF CHILD Genevieve Hawley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 14 1913

FATHER		MOTHER	
FULL NAME	Hess B. Hawley	FULL MAIDEN NAME	Jennie Smith
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho City	COLOR	White
OCCUPATION	Lawyer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Denver Colo.
		OCCUPATION	Home wife

Number of child of this mother, including present birth .1.

Number of children, of this mother, now living, including present birth .1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on April 14 at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or ~~Midwife~~)

Address Boise, Idaho

Given name added from a supplemental report

..... 19.....

Registrar

Filed 6-6 19 13 M S Painter

Registrar

S-Y.CO.. 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 20 1967

SEP 6 1974

DECEASED

855.827.084.433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 407, O'Farrell St.

Hospital —

Registration District No. 2 — File No. 14131

Primary Registration District No. 1004 — Registered No. —

FULL NAME OF CHILD Virginia Helene Hendershot

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	Yes	May 27, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Ralph D. Hendershot	FULL MAIDEN NAME: Caroline M. Christison
RESIDENCE: 407 O'Farrell St	RESIDENCE: 407 O'Farrell St
COLOR: W — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Iowa
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 6-6 1913 W. S. Porter

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-5-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated

281-101-001-389

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14132

No. ____ St.

Primary Registration District No. 1004

Registered No. ____

Hospital St Alphonsus

FULL NAME OF CHILD THOMAS ANTHONY SHAFER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6 1st 1913

FATHER

FULL NAME Kenaday Shafer

RESIDENCE Idaho City Road

COLOR W

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Kansas

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Laura Chitwood

RESIDENCE Same as husband.

COLOR W

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Dallman

Phys & Surg (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-9 1913 M. S. Parker Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Coos } ss.

Certificate No. 14132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thomas Anthony Shafer (Name on Original Certificate) who was born (Was Born or Died) on June 1st., 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Thomas Anthony Shafer
birthdate	June 2, 1913	June 1, 1913

Subscribed and sworn to before me this 28th. day of March, 1942.

Notary Public, residing at North Bend, Oregon.
NOTARY PUBLIC FOR OREGON
My commission expires My Commission Expires April 24, 1945. (Seal)

Signed Thomas Anthony Shafer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Box 654. North Bend, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Coos } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

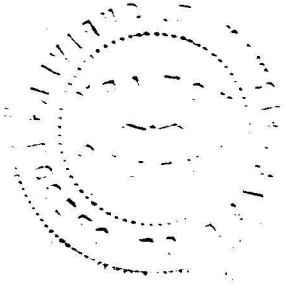
Subscribed and sworn to before me this 28th. day of March, 1942.

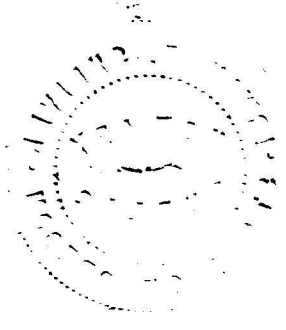
Notary Public, residing at North Bend, Oregon.
NOTARY PUBLIC FOR OREGON
My commission expires My Commission Expires April 24, 1945. (Seal)

Signed Ralph Franklin Shafer
(Signature of Any Credible Person Other Than Previous Year)

6224 S. Mason, Tacoma, Wash.
(Street Address, City, State)

APR 3 1942





MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

417-12-00-869

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... , ... St.

Hospital St Alphonsus

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 14133

Primary Registration District No. 1004 Registered No. 13

FULL NAME OF CHILD Edward Dorn ~~Mayey~~ Mayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	Yes	April 21, 1913

FATHER	MOTHER
FULL NAME Ed. E. ~~Mayey~~ Mayes	FULL MAIDEN NAME Edna Dorn
RESIDENCE Boise Idaho	RESIDENCE Boise Idaho
COLOR White	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Ill.	COLOR White
OCCUPATION Oculist + Aurist	AGE AT LAST BIRTHDAY 36 (Years)
	BIRTHPLACE Ill
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 21, at 5.9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCabe

(Physician or ~~Midwife~~)

Address Boise Idaho

Given name added from a supplemental report

....., 19.....

Filed 6-6 19 13

S-Y CO., 16659

Registrar

Registrar

DECEASED

95-IX-09-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Pinney Bldg. St.

Hospital St. Luke's Hosp't

Registration District No. 2

Primary Registration District No. 1004

File No. 14134

Registered No. 11

FULL NAME OF CHILD Frank William Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	yes	6 / - 1913

FATHER		MOTHER	
FULL NAME	Frank W. Green	FULL MAIDEN NAME	Clara Williams
RESIDENCE	Pinney Bldg.	RESIDENCE	Pinney Bldg.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or Midwife)

Address 410 Overland Bldg.

Given name added from a supplemental report

6-7- 1913

Registrar

Filed 6-10 1913 W. S. Porter

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

d 79-207004-355

PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-C-[illegible]-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7

File No. 14135

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 5

Hospital St Alphonsus

FULL NAME OF CHILD Elizbeth Sproat

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Sproat	Ellen Tunnell
RESIDENCE	Mayfield Ida	Mayfield Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Scotland	Idaho
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 7, 1913, at 5:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numans

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-10 1913 M S Parker

Registrar

S-Y CO., 16670

Registrar

MAR 26 1942

695-110-00-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 2005 N 15 St.

Hospital

Registration District No 2 — File No. 14136

Primary Registration District No. 1004 — Registered No. 6

FULL NAME OF CHILD Lewis Carl Winkler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	10 May 1913

FATHER		MOTHER	
FULL NAME	Carl Oscar Winkler	FULL MAIDEN NAME	Cora May Pratt
RESIDENCE	2005 N 15th	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Copenhagen Denmark	BIRTHPLACE	Salt Lake Cy. Ut.
OCCUPATION	Salesman (Cgrs.)	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Tacey M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-11-19.13 W. A. [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

5/15/41 L. B.

386-113-00-648

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 100 So 16th St.

Hospital

Registration District No 2 File No. 14137

Primary Registration District No 1004 Registered No 117

FULL NAME OF CHILD William Lynn Chaffee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Chaffee	Rachel Featherman
RESIDENCE	100 N 6th St City	100 N 6th St City
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Butte Mont.	Providence Utah
OCCUPATION	Bricklayer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. C. Coady

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6-11 19 13 M. S. Parker

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

Dup of 1913-225701

1139.201.00/133

PLACE OF BIRTH

County of Boise Ada

City of Adam

No. 8 W. E. State St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14138

Primary Registration District No. 1004 Registered No. 1[illegible]

FULL NAME OF CHILD Thelma Amelia McReynolds

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	—	yes	6 1 1913

FATHER		MOTHER	
FULL NAME	Geo. F. McReynolds	FULL MAIDEN NAME	Lillie Allison
RESIDENCE	811 E. State St. Boise	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Drug Clerk	OCCUPATION	Nur.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. Allen Calloway M.D.

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-1-13 19.. Minnie Parker

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-12-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane } ss. SEP 21 12 44 PM '78

Certificate No. 14138

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McReynolds (female) (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on exact date unknown (approx. 1913) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thelma Amelia McReynolds

Subscribed and sworn to before me this 15 day of
Sept 19 78
K. P. Douglas
Notary Public, residing at Spokane
My commission expires 8-25-79
(Seal)

Signed Lillie A. McReynolds (her mark)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5414 University Rd, Spokane, WA. 99206
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above, and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of
Sept 19 78
K. P. Douglas
Notary Public, residing at Spokane
My commission expires 8-25-79
(Seal)

Signed Lenore L Haught
(Signature of Any Credible Person)
E10931 - 21st Spokane, Wa 99206
(Street Address, City, State)

FORM DH 60-155

CL 8/28/78

Birth certif from St. Valentine's Hospital, Wendell, Idaho gives name as Joe Charles Dickinson born on March 9, 1948, father's name as Charles Frederick Dickinson and mother's name as Thelma Amelia McReynolds. viewed by V. S.

OCT 31 1978

Family Bible record ~~fxo~~ ~~from~~for the family of George F. McReynolds and Lillie A. Allison gives child's name as Thelma Amelia McReynolds born June 1, 1913 in Boise, viewed by V. S.

819-20-0004-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-~~6-7-11~~

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1012 Warm Springs Ave

Registration District No 2

Primary Registration District No 1004

File No. 14139

Registered No. 200

Hospital ~~~

FULL NAME OF CHILD Aleda Hardisty

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	~~~	~~~	Yes	June 7, 1913

(To be answered only in event of plural births)

FATHER

FULL NAME Alfred Hardisty

RESIDENCE 1012 Warm Springs Ave

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ill

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Myrtle Noller

RESIDENCE 1012 Warm Springs Ave

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Turley

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/11 19 13 W. H. Meeker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

OCT 7 1943

Form V. S. 11-O—10m-8-7-41

PLACE OF BIRTH

RESERVED FOR BIRTH RECORD

468-112-00-093

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-18

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1035 Warm Springs Ave

Registration District No. 2

Primary Registration District No. 1004

File No. 14140

Registered No. 201

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M			Yes	June 12 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	John V. Molator	Maude Dillingsley
RESIDENCE	1035 Warm Springs Ave	1035 Warm Springs Ave
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Ill	Idaho
OCCUPATION	Gardener	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/17 19 13 M. E. Whitehouse

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

693-212-00-

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1507, No 7th St.

Registration District No 2 File No. 14141

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 702

FULL NAME OF CHILD Arlene Claudia Wilson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	V		V	Yes	June 12, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Bruce Wilson	FULL MAIDEN NAME Vera A Barr
RESIDENCE 1507 No 7th	RESIDENCE 1507 No 7th
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Texas	COLOR W
OCCUPATION Printer	AGE AT LAST BIRTHDAY 25 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1150 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Turkey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/17 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

118-214-001-749

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-39

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1103 Idaho St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14142

Registered No. 203

FULL NAME OF CHILD Anes Jayo

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	6-14 193 3

FATHER		MOTHER	
FULL NAME	A. Jayo	FULL MAIDEN NAME	A. Anunsia Pmias
RESIDENCE	1103 Idaho	RESIDENCE	1103 Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Hotelkeeper	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettengill

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-19 19 3 M. S. Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

7 11 74

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
20 MAY '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14142

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jayo (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Anes Jayo

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Anici Armias de Jayo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1101 E. Jefferson St
(Street Address, City, State)
Boise, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
July, 1974.

Notary Public, residing at Boise, Idaho
My commission expires September 14, 1974
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Form DH 60-155

Own childs birth certificate Alice Eileen Mendiola born July 12, 1937 at Boise, Idaho State file No. 257601 gives mothers name as Anes Jayo.
Viewed by VS

JUL 12 1974

JUL 21 1990

Social Security Card # 519-32-3577 gives name as Anes Mendiola
Form OA-702 Rev. 1-46
Viewed by VS

133-21400-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1001, E Jeff. St.

Hospital

Registration District No 2 File No. 14143

Primary Registration District No. 1004 Registered No. 701

FULL NAME OF CHILD Grace Margaret Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 14 1913

FATHER		MOTHER	
FULL NAME	Ned I. Allen	FULL MAIDEN NAME	Alta M. Benton
RESIDENCE	1001 E Jeff.	RESIDENCE	1001 E. Jeff.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Landryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lyke

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/12 19 13 W. H. Lindsley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

ORIG

195-112-004343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. East Jefferson St.

Registration District No. 2

File No. 14144

Primary Registration District No. 1004

Registered No. 20-

Hospital

FULL NAME OF CHILD Donald ~~Cutler~~ Cutler Arnold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	6, 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac L Arnold	Alice H Tucker
RESIDENCE	E Jefferson St	E Jefferson St
COLOR / AGE AT LAST BIRTHDAY	White / 36 (Years)	White / 30 (Years)
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Electrician	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3¼ A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Lincoln Allen M.D.

For M C Barby Twinsburg O

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 6-19 19 13 Wm. S. Park

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 1941

395-115-004-663

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 14146

Primary Registration District No. 1004 Registered No. .....

Hospital St Alphonsus

FULL NAME OF CHILD Francis Alphonsus Tiernan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6 15 1914

FATHER	MOTHER
FULL NAME Frank A Tiernan	FULL MAIDEN NAME Viola Foley
RESIDENCE Rock Island Ill	RESIDENCE Rock Island, Ill
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Mechanic	OCCUPATION Home mkr

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 9 00 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman MD
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-17-14 19..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 170—Rev. 8-10-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

3-207-001-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2[illegible]

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1135 W. S. Ave St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 14147

Registered No. 207

FULL NAME OF CHILD Virginia Locke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	6 7 1913

FATHER

FULL NAME: Walter C. Locke

RESIDENCE: 1035 W. S. Ave.

COLOR: white

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Civil Engineer

MOTHER

FULL MAIDEN NAME: Lois Webber

RESIDENCE: same

COLOR: white

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. A. M. P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Puterbaugh

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

Filed 6-17 19 13 W. A. Pope

Registrar

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1969

396-22-00266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 716½ Hays St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14148

Registered No. 229

FULL NAME OF CHILD Arthur Crouse

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	✓	✓	Yes	June 12 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Thomas Crouse	FULL MAIDEN NAME Minnie Booth
RESIDENCE 716½ Hays	RESIDENCE 716½ Hays
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Wyo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. N. Tukey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 17 1948

S93-218-004-815

PLACE OF BIRTH

County of Ada

City of Boise

No. 617 ~~Ash~~ St.

Hospital St Alphonsus

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 14149

Primary Registration District No. 1004 Registered No. 210

FULL NAME OF CHILD Josephine Mildred Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 18, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Nichols	Vina Hauby
RESIDENCE	617 Ash St Boise	617 Ash St Boise
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	19 (Years)
BIRTHPLACE	Colorado	Mo.
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. June 18, at 6 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R Nichols

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-23 1913 M. E. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 28 1963

31X122.001-897

[redacted]

Form V. S. No. 11-C—10m-8-7-11

*PLACE OF BIRTH

County of Ada

City of Boise

No 1809, No 12 St.

Hospital

IDAHO

Bureau of Statistics

CERTIFICATE OF BIRTH

Registration District No 2

File No. 14150

Primary Registration District No. 1004

Registered No. 211

FULL NAME OF CHILD Donald Fetzer Reed

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	T	1	Yes	June 22, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Lemuel E Reed	FULL MAIDEN NAME Vera Pfeifer
RESIDENCE 1809 No 12	RESIDENCE 1809 No 12
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mich.	COLOR W
OCCUPATION Carpenter	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE Mich
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Mackey, M.D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 6-26-1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER[illegible] RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

Two- Certified copy issued 2-18-1941. dp

MAR 13 1975

689-129-001-296

PLACE OF BIRTH

Form V. S. No. 12-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1111 O'Farrell St.

Registration District No. 2 File No. 14151

Primary Registration District No. 1004 Registered No. 212

Hospital

FULL NAME OF CHILD John Roy White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	6	29	1913

FATHER		MOTHER	
FULL NAME	John White	FULL MAIDEN NAME	Margaret Brown
RESIDENCE	Boise, Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Indiana	COLOR	White
OCCUPATION	Photographer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Kentucky
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Fallmann M.D.
(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report

July 10 1913

M S Parker
Registrar

Filed 6/28 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/26/41 L. B.

JUN 28 19

736-226-001-319

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 14152

No. ____, ____ St. — Primary Registration District No. 1004 — Registered No. 213

Hospital St Alphonsus

FULL NAME OF CHILD Genevieve Frances Glover

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	/	/	yes	June 26, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. D. Glover	Gertrude Carson
RESIDENCE	Jordan Valley, Oregon,	Jordan Valley, Oregon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Caldwell, Idaho,	Idaho
OCCUPATION	Stockman	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 8 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. P. McCall

..... (Physician or ~~Midwife~~)

Address Boise Idaho

Filed 6-30 1913 C. D. Arthur Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-229-661-751

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14153

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 214

Hospital St Alphs

FULL NAME OF CHILD Fay Nedra Graham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 29, 1913

FATHER		MOTHER	
FULL NAME	Frank Graham	FULL MAIDEN NAME	Myrtle Pearce
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) June 29, at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nunnus

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/30 19 13

S-Y CO., 16670

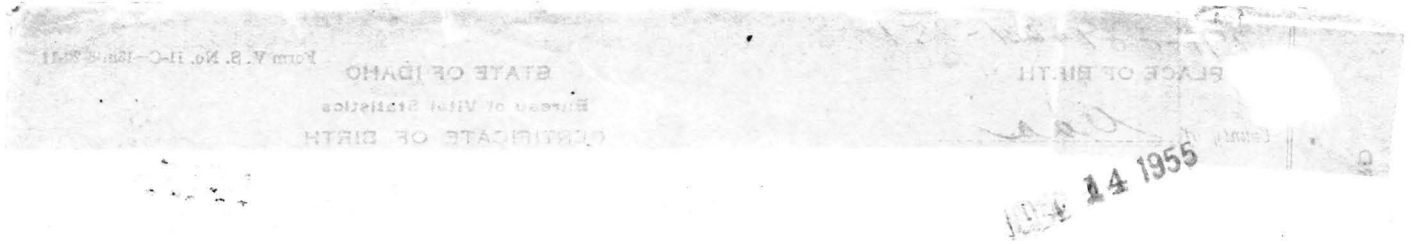
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


JUN 14 1955

212-1001004-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 14154

Primary Registration District No. 1004

Registered No. 215

Hospital St. Alphonsus

FULL NAME OF CHILD Stanley Bassett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	June 20, 1913

FATHER		MOTHER	
FULL NAME	Harry Bassett	FULL MAIDEN NAME	Emma Smith
RESIDENCE	Jordan Valley, Ore.	RESIDENCE	Jordan Valley, Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Illinois Ill.
OCCUPATION	Hotel Keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Caesarean Section), at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCabe

(Physician or ~~Midwife~~)

Address Boise Idaho

Given name added from a supplemental report

....., 19.....

Filed June 30 1913

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1942

MAR 1 8 1976

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH
362-126-00-869
County of Ada
City of Boise
No. 607 N 13th St.
Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14155
Primary Registration District No. 1004 Registered No. 216

FULL NAME OF CHILD John Ray Cobley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Geo. William Cobley	FULL MAIDEN NAME	Jennie Horton
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Ontario, Canada
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman, Phys. Surg.
(Physician or midwife)
Address Boise, Idaho

Given names added from a supplemental report

.....19.....

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Registrar

Filed 6-3 am 1913
Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~EC 4/10/00-386~~

PLACE OF BIRTH

County of Ada

City of Boise

No. 116 Jeff St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 14156

Registered No. 217

FULL NAME OF CHILD John Hennings Jr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				L	June 8 1913

FATHER		MOTHER	
FULL NAME	John Hennings	FULL MAIDEN NAME	Amy Thompson
RESIDENCE	116 Jeff. St.	RESIDENCE	116 Jeff. St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Md
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baer M.D.

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

.....19.....

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Registrar

Filed. 6 Jan 19 13 W. O. Carter
Registrar

8-Y CO. 20174

AUG 11 1944

, 192.....

Address

Registrar.

Filed 192

Regist

815-217-000/-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 501 S 13 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14157

Registered No. 218

FULL NAME OF CHILD Katherine Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L	June 12 1913

FATHER		MOTHER	
FULL NAME	Christian Hansen	FULL MAIDEN NAME	Wilhelmina Willemsen
RESIDENCE	501 S 13.	RESIDENCE	501 S 13
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Creamery man	OCCUPATION	H. W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) John Bacon

(Physician ~~or Midwife~~)

Address Boise Idaho

Filed 6 Jan 19 13

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1957

APR 26 1967

MAR 18 1968

MAR 8 1973

593-112-001-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 18 N. Rudenbaugh

Registration District No. 2

Primary Registration District No. 1004

File No. 14158

Registered No. 279

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	June 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Eichman	Carrie Morris
RESIDENCE	1811 Rudenbaugh	1811 Rudenbaugh
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	
BIRTHPLACE	New Jersey	Iowa
OCCUPATION	Clerk	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or ~~midwife~~)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6 Jan 19 14 W. D. [illegible]
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dupe of 1913 · 390234

366415-004893

PLACE OF BIRTH

Form V. S. No. 11-C—~~20m-8-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Garfield School.

Hospital

Registration District No. 2

Primary Registration District No. 1204

File No. 14159

Registered No. 220

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	June 15 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Coffey.	Ira Hill
RESIDENCE	Garfield School	Garfield School
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	49	36
BIRTHPLACE	Ind	Iowa.
OCCUPATION	Farmer.	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 12 A. M. on the date above stated.

(Signature) John Brock

(Physician or [redacted])

Address Boise, Ida.

Filed 6-20 19 13 W. D. Cantrell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

345-216-001-437

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1413 N 13. St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14160

Registered No. 221

FULL NAME OF CHILD Kathryn F. Tunney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	May 16 1912

FATHER		MOTHER	
FULL NAME	Herbert H Tunney.	FULL MAIDEN NAME	Ella Mc Govern.
RESIDENCE	1413 N 13-	RESIDENCE	1413 N 13-
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Pa.
OCCUPATION	Merchant.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10 a M. on the date above stated.

(Signature) John Bosch

(Physician [redacted])

Address Boise Idaho

Filed Jan 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1975

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 12 1 48 PM '77

State of California } ss.
County of Los Angeles }

Certificate No. 14160

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kathryn Florence Tunny (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. policy, baptism (Bible Record, Insurance Policy, Etc.) prepared on May 17, 1932 - June, 1913 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Kathryn Florence Tunney

Subscribed and sworn to before me this 19th day of September, 1944

Mary E. Rudisill
NOTARY PUBLIC in and for the County of Los Angeles State of California.

Notary Public, residing at

My commission expires My Commission Expires August 21, 1948
(Seal)

Signed Ellen F Tunney Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

430 S. Wilton Place, Los Angeles 5 Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1979

Certif of Baptism from St. Brendan Church, Los Angeles, Califorina gives name as John Michael Mortz child of Charles J. Morts and Kathryn Tunney. born Dec 29, 1954. Baptizedm Jan. 3, 1955. viewed by E. V. S.

Certif of Baptism from St. John's Catherdral, Boi se, Idaho gives name as Catherine Forence Tunney child of Herbert Tunney and Ellen F. McGovern. Born June 16, 1913 and was Baptized July 20, 1913. viewed by V. S.

Marriage License from California gives names as Charles J. Mortz, Jr. and Kathryn Tunney. dated May 12, 1936. viewed by V. S.

319-118 — 1-435

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1210 N 14 St.

Hospital

Registration District No. 2

Primary Registration District No 1004

File No. 14161

Registered No. 227

FULL NAME OF CHILD MAC NEILLEY CARNINE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	May 18 1913

FATHER	MOTHER
FULL NAME: Bert Carnine	FULL MAIDEN NAME: Bertha McNeily
RESIDENCE: 1210 N 14.	RESIDENCE: 1210 N 14.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas.
OCCUPATION: Real Estate Dealer.	OCCUPATION: H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive) at 10.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician)

Address

Given names added from a supplemental report

19

Filed 6-3a 19 18

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

FEB 7 1942 Certificate No. 14161

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mac Neilley Carnine (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 18, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 18, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Mac Neilley Carnine

Subscribed and sworn to before me this 5th
day of February, 19 42

P. R. Gaines

Notary Public, residing at Portland, Oregon

My commission expires Notary Public for Oregon
(SEAL) My commission expires May 9, 1945

Signed Raymond Elvin Carnine
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of February, 19 42

P. R. Gaines

Notary Public, residing at Portland, Oregon

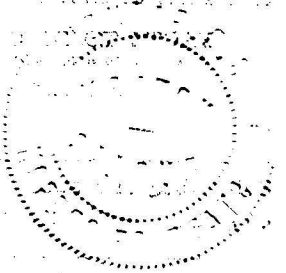
My commission expires Notary Public for Oregon
(SEAL) My commission expires May 9, 1945

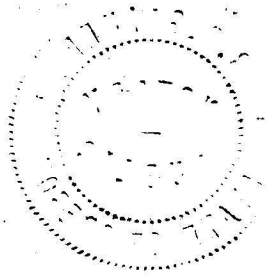
Signed R. B. Burr
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5886 S.E. Powell Blvd. Portland Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 7 1942 By
(REGISTRAR'S SIGNATURE)

1 1 1942





394 12 6 001 259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ——, —— St.

Registration District No 2 File No. 14162

Hospital St Lukes Hosp. Primary Registration District No 1204 Registered No. V

FULL NAME OF CHILD Cecil Whitaker Trueblood

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓	✓	Yes	June 26 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Cecil N. Trueblood	FULL MAIDEN NAME Elsie Berry
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR W AGE AT LAST BIRTHDAY 33 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Ind.
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-30 1913 C. O. [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-41

AUG 8 1 1944

ERMANENT RECORD

made for and the same

95-123-001-83

TIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

...d the birth of this child, who was..... at.....
(Born alive or stillborn)

Form U. S. No. 22-C-10m-6-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1717 N 7 St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14163

Primary Registration District No. 2104 Registered No. 728

FULL NAME OF CHILD Robert McCann Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 23 1913

FATHER

FULL NAME: Robert Rice

RESIDENCE: 1717 N. 17 St.

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Midland Ohio

OCCUPATION: Teamster

Number of child of this mother, including present birth: 3

MOTHER

FULL MAIDEN NAME: Beatrice McCann

RESIDENCE:

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Smithfield Ky.

OCCUPATION: Home Keeper

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. McCarty

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-11 1913 W. L. Parker
Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

City of [redacted] Registration District No. 22 File No. 14164

No. [redacted] Supplementary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Bert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	7 4 1913

FATHER		MOTHER	
FULL NAME	Alonzo Bert	FULL MAIDEN NAME	Jennie
RESIDENCE	Twindell	RESIDENCE	Twindell
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Premature at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician (Physician or midwife)

Address Twindell

Filed July 14 1913 H. E. Lamb Registrar

Given names added from a supplemental report

..... 19..... Registrar

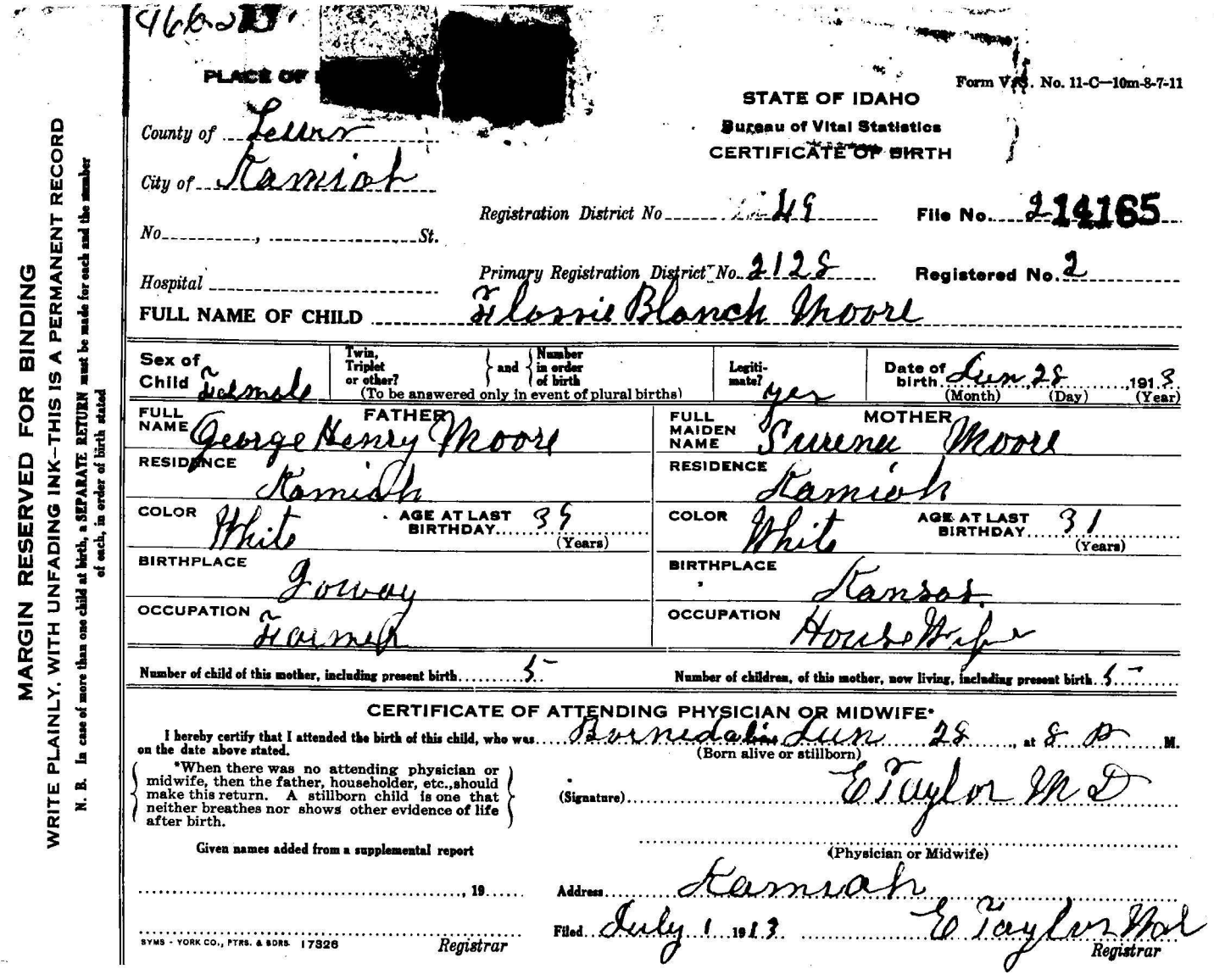
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH



4662 13

PLACE OF [redacted]

Form V.S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Registration District No. 46 File No. 14165

Hospital ____ Primary Registration District No. 2128 Registered No. 2

FULL NAME OF CHILD Florrie Blanch Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jun 28 1913

FATHER		MOTHER	
FULL NAME	George Henry Moore	FULL MAIDEN NAME	Sarene Moore
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Fonway	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jun 28, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed July 1 1913 E Taylor MD

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. H-C—10m-8-711

PLACE OF BIRTH

FOR BINDING

THIS INK

A PERMANENT

386-202 (004)

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Registration District No 24 File No. 14166

Hospital ____

Primary Registration District No. 2098 Registered No. ____

FULL NAME OF CHILD Gwendolyn Phyllis Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan. 2nd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Phillips Thomas	Catherine H. Evans
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	28 (Years)
BIRTHPLACE	Wales.	Wales.
OCCUPATION	Musician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. King M.D.

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/2/ 1913 H. A. King M.D.

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 18 1942

155.122 (OK-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 14167

Primary Registration District No. 2098 Registered No. .....

FULL NAME OF CHILD Edward Alfred Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes.	May 22nd, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. O. Jensen	FULL MAIDEN NAME	Anna C Lindberg
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) H H Kling M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho

Filed 5/30/1913 H H Kling M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAR 3 1961

219/291 cert # 31

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 14168

Primary Registration District No. 2098 Registered No. ____

FULL NAME OF CHILD Nan Hansen Reed Stauffer Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 29, 1913

FATHER		MOTHER	
FULL NAME	John Cyrus Bailey	FULL MAIDEN NAME	Inez Stauffer
RESIDENCE	Norman	RESIDENCE	Norman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ogden	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Montpelier
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Orr Ingram

Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

____, 19____

Filed 6/1/1913 H. H. Berry Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1947

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m-8-47

243.204.006-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No ——, —— St.

Registration District No 24 File No. 14169

Hospital ——

Primary Registration District No. 2098 Registered No.

FULL NAME OF CHILD Marjorie Dutton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Ja	May 4, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David J. Dutton	Emma Brown
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Paris	Providence, Utah
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. O. Ingraham

M. D. Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/1/1913 S. A. Kelly

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m-8-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 415 S. Main St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No. 202

File No. 14170

Registered No. 139

FULL NAME OF CHILD Marion Elizabeth McNutt

Sex of Child Female

Twin, Triplet or other? ✓ and Number in order of birth

(To be answered only in event of plural birth)

Date of Birth May 27 '13 (Month) (Day)

FATHER	MOTHER
FULL NAME Wm N. McNutt	FULL MAIDEN NAME Florence C. Stratton
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Knoxville, Tenn.	BIRTHPLACE Fair Grove, Mo.
OCCUPATION Loco Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 27/13, at 5-55 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/29 19.13 T J Green
Registrar

S-Y CO. 20174

Form V. S. (Co. U.-C.-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 10 1942

SEP 17 1942

Registration D

Primary Regis

District No.

Legiti-
mate?

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of children
PHYSICIAN

363-109-003-8945

Form V. S. No. 11-O

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1055 N. Hayes St.

Hospital

Registration District No. 19

Primary Registration District No. 1902

File No. 3 14171

Registered No. 140

FULL NAME OF CHILD Frank Jones Collins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V	4	Yes	May 19th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. W. Collins	Jennie E. Hunt
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	London England	West Weber Utah
OCCUPATION	Air-Man R.R.	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) May 19th 1913, at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/21 19 13 O B Steele
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1970

389-205 · 002632

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 545 S. Hayes St.

Hospital

Form V. S. No. 11-C—20m-9-13-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 3 14172

Primary Registration District No. 1002 Registered No. 14 R

FULL NAME OF CHILD Ingeborg Marie Christenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 5th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Christenson	Marie Olsen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	39
BIRTHPLACE	Sweden	Norway
OCCUPATION	Rancher	At H

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) May 5/13 at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-7- 19 13 O. J. Steele Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

Amended 6-22-60

PLACE OF BIRTH

547.112.008 819

County of Bannock

City of Pocatello

No. 408 N. 6th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14173

Primary Registration District No. 1002 Registered No. 142

FULL NAME OF CHILD Farris Edgley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 17, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Leo Edgley	FULL MAIDEN NAME: Ethel Harrison
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: England	BIRTHPLACE: Utah
OCCUPATION: Machinist by trade	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

Physician
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5-24-1913 O.B. Steely Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No. 14173

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Farris Edgley (Name on Original Certificate) who born (Was Born or Died) on May 22, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Date of Birth	May 22, 1913	May 17, 1913.

Subscribed and sworn to before me this 20th day of June, 1960.

V. Courtney
Notary Public, residing at Pocatello, Idaho
My commission expires 11-7-63
(Seal)

Signed Mrs Ethel H Edgley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1960.

V. Courtney
Notary Public, residing at Pocatello, Idaho
My commission expires 11-7-63
(Seal)

Signed Mrs LeRene Young
(Signature of Any Credible Person)

1110 E. Lewis Pocatello Idaho
(Street Address, City, State)

FORM DPH 55. 155 CL 6-16-60. nm

#4

L.D.S. Church Certificate of Blessing, July 6, 1913 gives full name of child as Farris Leo Edgley, born May 17, 1913 at Pocatello, Idaho to Leo H. Edgley and Ethel A. Harrison - viewed by V.S.

Public School Record Card of Grade-Attendance Record, semester beginning on Sept. 13, 1920 and ending on Jan. 28, 1921 - Whittier School, gives full name as Farris Edgley, born May 17, 1913 parents name is given as Leo H. Edgley - 2nd grade - age 7 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—~~10m-8-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 408 N. 6th St.

Hospital

Registration District No. 19 — File No. 9 14173

Primary Registration District No. 1002 — Registered No. 142

FULL NAME OF CHILD Farris Edgley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 22 1913

FATHER

FULL NAME: Leo Edgley

RESIDENCE: Pocatello, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: England

OCCUPATION: machinist by trade

MOTHER

FULL MAIDEN NAME: Ethel Harrison

RESIDENCE: Pocatello Ida

COLOR: white — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 22, at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley

(Physician or midwife)

Address Pocatello Idaho,

Given names added from a supplemental report

.....19.....

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Registrar

Filed 5. 24. 1913

O B Sleeg
Registrar

8-Y CO. 20175

JUN 22 1960

JAN 9 1943

763-123003-795

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14174

County of Bannock

City of Pocatello

No. 324 W. Hayden St.

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 143

Hospital

FULL NAME OF CHILD Howard Fulton Goldsmith Jr.

Sex of Child	Twin / Triplet / other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard F. Goldsmith	Mabel Mc Pinte.
RESIDENCE	Pocatello, Ida.	Pocatello, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	26.
BIRTHPLACE	Milwaukee, Wisconsin	Northfield, Minn.
OCCUPATION	Traveling salesman.	Housewife.

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 23, at 3:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dr Smith Woolley
(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 30 1913 O T Sweeney
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1967

666-191003-341

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 637 N. Harrison

Hospital

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14175 3

Primary Registration District No. 1002 Registered No. 144

FULL NAME OF CHILD Nelson Craig Woodbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	May 29 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	O. N. Woodbury	FULL MAIDEN NAME	Rose Craig
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	St. George, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) May 29 at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dewitt Woolley M D

(Physician ~~or midwife~~)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 31 1913

O. J. Keely
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

693-116-008-414

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Boise

City of Idaho City

[redacted] District No. ..... File No. 14176

No. ....., ... St.

Primary Registration District No. 2019 Registered No. 25

Hospital .....

FULL NAME OF CHILD Wilford Louis Orchard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 15 1913

FATHER		MOTHER	
FULL NAME	Bert Orchard	FULL MAIDEN NAME	Mary Mauk
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Fitz

Physician (Physician or Midwife)

Placerville Idaho

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 5 1913 Mary Fitz Sub. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

695-164-00X-164

[redacted] OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 8-7-11

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Registration District No. 24 File No. 14177

Hospital ____ Primary Registration District No. 2098 Registered No. ____

FULL NAME OF CHILD Charles Albert French

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 4th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Carver French	Verna Jameson
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Mass.	Ill.
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Stuy M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

K ____, 19____

Filed 6/12/1913 A. A. Stuy M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 10 19

194-178-004254

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 14178

Primary Registration District No. 2098 Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 28 1913

FATHER	MOTHER
FULL NAME Herman Gruning	FULL MAIDEN NAME Merlean Beutler
RESIDENCE Nounan	RESIDENCE Nounan
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Biel-Switzerland	BIRTHPLACE Logan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.26 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ora Paynter M.D.

(Physician or Midwife)

Address Montpelier, Ida

Given names added from a supplemental report

....., 19.....

Filed 7/1/ 1913 J. H. Peterson Registrar

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Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24 File No. 14179

No ....., ... St.

Primary Registration District No. 2098 Registered No. .....

Hospital .....

FULL NAME OF CHILD Maurine Neilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 18 1913

	FATHER	MOTHER
FULL NAME	Frantz Neilson	FULL MAIDEN NAME Maud Elizabeth Hopkins
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Brigham City Ut	BIRTHPLACE Blackfoot Ida
OCCUPATION	Painter	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Porter M. D.

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/1/1913 [illegible] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

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Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 14180

Primary Registration District No. 2098 Registered No. .....

FULL NAME OF CHILD Nat Nameless

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 14, 1913

FATHER		MOTHER	
FULL NAME	Nelson Lunsow	FULL MAIDEN NAME	Genetta King
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nyman, Utah	BIRTHPLACE	Georgetown Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeVer Poynter M. D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed 7/1/1913 H. A. Hunsaker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

395-205-039-912

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Registration District No. ..... File No. 14184

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Maria Bertha Tiede

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 5, 1913

FATHER		MOTHER	
FULL NAME	John Tiede.	FULL MAIDEN NAME	Emma Rast
RESIDENCE	American Falls.	RESIDENCE	American Falls.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Richard F. Motte

Physician

(Physician or Midwife)

Address American Falls

Filed May 5 1913 R. F. Motte Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1967

Utah 201-020-253

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Idaho-6-30-11

Bureau of Vital [redacted]

CERTIFICATE

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 14185

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Anita Yvonjean Downs.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	yes	July 1st, 1913

FATHER		MOTHER	
FULL NAME	William E. Downs	FULL MAIDEN NAME	Bertha Selby.
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Car Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive July 1st 1913, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.,
Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 1st, 1913 J. W. Davis
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 25 1966

APR 11 1955

464-115-020-315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 14186

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Edward David Dodge

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	8	yes	June 15 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick Dodge	Margaret Candelin
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	America Neb	America Wyo
OCCUPATION	Locomotive Engineer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 15th at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed June 18th, 1913 J. W. Davis
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

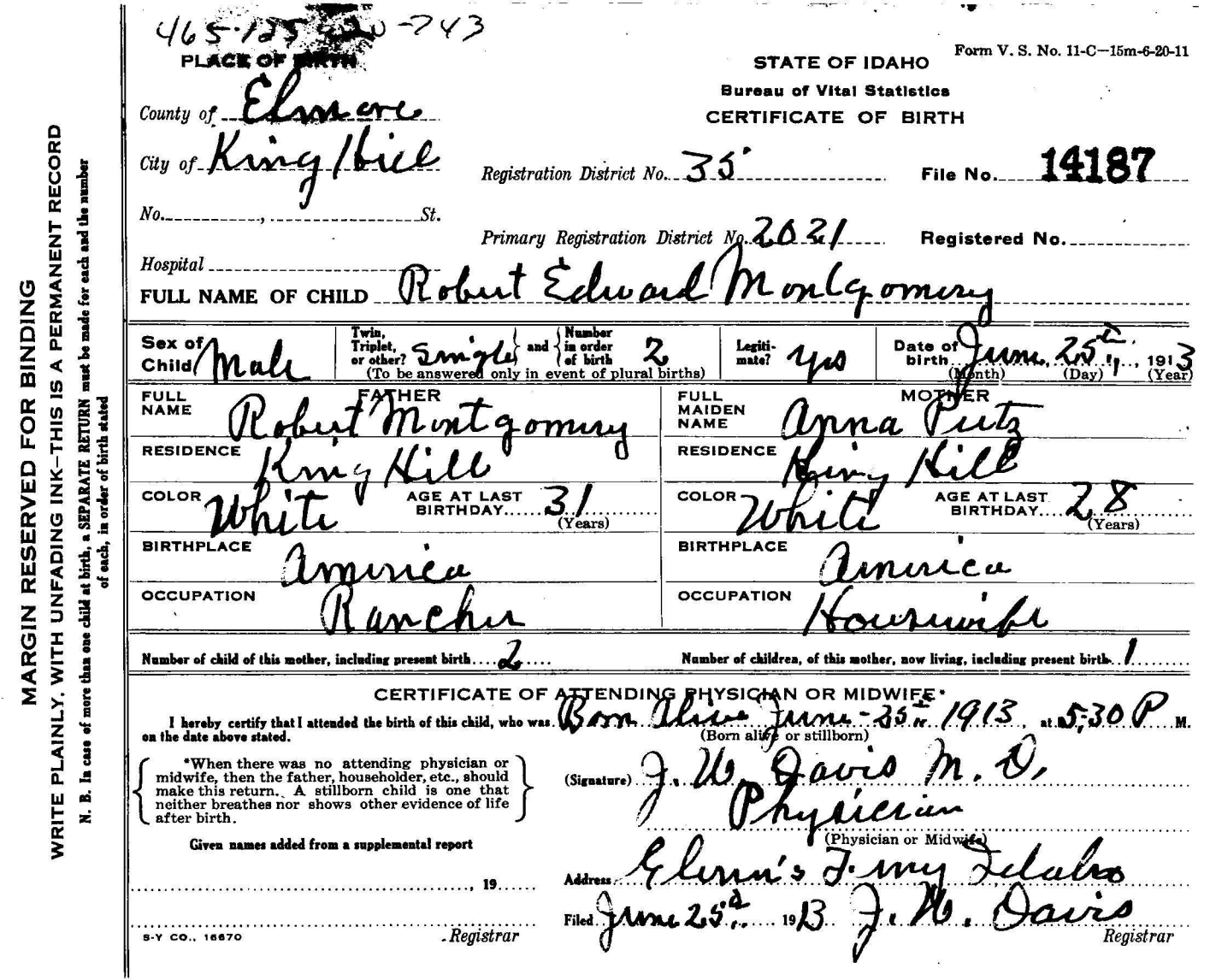
(County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 1AC-10m-4-3[illegible]



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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

No. ____, ____ St.

Registration District No. 35 File No. 14187

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Robert Edward Montgomery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	Yes	June 25th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Montgomery	Anna Putz
RESIDENCE	King Hill	King Hill
COLOR / AGE AT LAST BIRTHDAY	White / 31 (Years)	White / 28 (Years)
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) June 25th 1913 at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Filed June 25th 1913 J. W. Davis

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 29 1944

363-117-020-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 14188

No. ....., ... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Waldo Cochran

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	2	yes	June 17th, 1913

FATHER		MOTHER	
FULL NAME	Walter Cochran	FULL MAIDEN NAME	Ivy Lile
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	America	COLOR	White
OCCUPATION	Bar Tinder	AGE AT LAST BIRTHDAY (Years)	17
		BIRTHPLACE	America
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) June 17th 1913 at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed June 17th, 1913 J. W. Davis Registrar

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Registrar

S-Y CO., 16670

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Form V. S. No. 2-C 16-1-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of Minidoka

City of Rupert

Registration District No. 19 File No. 14189

No. ..... St.

Primary Registration District No. ..... Registered No. 10

Hospital ..... GLENN ELNER Glenn

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 26th 1913

	FATHER	MOTHER
FULL NAME	Benjamin Orrus Glenn	FULL MAIDEN NAME Maude Masoner
RESIDENCE	Rupert	RESIDENCE Rupert
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE Kans
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 C. H. Scott

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 14189

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Glen	Glenn Elmer Greer
Date	June 25th	May 26, 1913
Father's name	Oscar	Benjamin Orrus Greer

Subscribed and sworn to before me this 28th day of Sept, 1942

Notary Public, residing at Rupert Idaho

My commission expires Feb 20 1946
(Seal)

Signed Benjamin Orrus Greer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Benjamin Orrus Greer
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Ida.
(Street Address, City, State)

SEP 28 1942

MAR 26 1943

OCT 1 1942

569-EC3.074-858

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 2-C-~~Rev.~~ 4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14190

Primary Registration District No. ..... Registered No. 1

FULL NAME OF CHILD Agnes Hosley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth.
Female			Yes	June 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Hosley	FULL MAIDEN NAME	Fanny Hogndahl
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11 A. M. on the date above stated.

(Signature) C. L. Scott M.D.

Rupert Ida

(Physician or midwife)

Address Rupert

Filed June 30 19 13 C. L. Scott

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAR 4 1943

JUL 29 1907

Registrar.

Filed 192

Registrar.

Amended 1-17-57

PLACE OF BIRTH

492-211-03424 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka Dam

No. ..... St.

Registration District No. 19 File No. 14191

Hospital ..... Primary Registration District No. ..... Registered No. 2

FULL NAME OF CHILD Evelyn Dibble
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Yes	1	Yes	May 11 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Barry Dibble	FULL MAIDEN NAME	Belle Butler
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. H. Scott

Physician
(Physician or midwife)

Address Rupert

Filed June 30 1913 C. H. Scott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

F. 12 4

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 14191
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Evelyn Dibble (Name on original certificate) who was born (Was born or died) on May 11, 1913 (Date of event)
in Minidoka Dam (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church Record prepared on June 13, 1945 (Give date), are:
School Record (Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
birthdate	June 11, 1913 Viewed by W.S.	May 11, 1913 Calif.
birth place	Minidoka	Minidoka Dam

Subscribed and sworn to before me this 17 th
day of Sept, 1956

H. K. Bradley City Clerk
Notary Public, residing at Redlands, Calif

My commission expires
[SEAL]

Signed Belle Bradbury Dibble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

120 E. Palm Ave., Redlands, Calif
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of San Bernardino }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of November, 19 56.

Vera Collins
Notary Public, residing at Redlands, Calif

My commission expires June 8, 1959
[SEAL]

Signed Barry Dibble
(Signature of any credible person other than the previous affiant)

170 E. Palm Ave
Redlands Calif
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—10m-3-15-12

PLACE OF BIRTH

E OF IDAHO
VITAL STATISTICS
FICATE OF BIRTH

County of Minadoka

City of Minadoka

Registration District No. 19 File No. 14191

No. St.

Primary Registration District No. Registered No. 2

Hospital

FULL NAME OF CHILD Evelyn Dibble

Sex of Child	Twin ~~Triplet or other~~	and Number in order of birth	Legitimate?	Date of Birth (Mo.) (Day) (Year)
Female	yes	1	yes	June 11 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Barry Dibble	Bell Butler
RESIDENCE	Minadoka	Minadoka
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	36
BIRTHPLACE	Minnesota	Ida
OCCUPATION	Electrical Engineer	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

Rupert

(Physician or ~~mid wife~~)

Address Rupert

Filed June 30 19 13 C. H. Scott Registrar

Given names added from a supplemental report

..... 19 .....

..... Registrar

8-Y CO. 20174

Amended 1-17-57

PLACE OF BIRTH

42-211-0 1/4 243

County of Minidoka

City of Minidoka Dam

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14192

Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD Mary Belle Dibble
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Yes	2	Yes	May 11 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Barry Dibble	FULL MAIDEN NAME: Belle Butler
RESIDENCE: Minidoka	RESIDENCE: Minidoka
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Wis.
OCCUPATION: Electrical Engineer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician
(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 30 1913 C. H. Scott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mary Belle

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 14192
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mary Belle Dibble (Name on original certificate) who was born (Was born or died) on May 11, 1913 (Date of event)
in Minidoka Dam (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on June 13, 1915 (Give date), are:
School Record From Redlands Public Schools in Calif. Viewed by V. S.

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
birth date	June 11, 1913	May 11, 1913
birth place	Minidoka	Minidoka Dam

Subscribed and sworn to before me this 12th
day of Sept, 19 56
H. R. Whaley
Notary Public, residing at City Clerk Redlands, Calif
My commission expires
[SEAL]

Signed Belle B. Dibble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
120 E. Palm Av. Redlands, Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

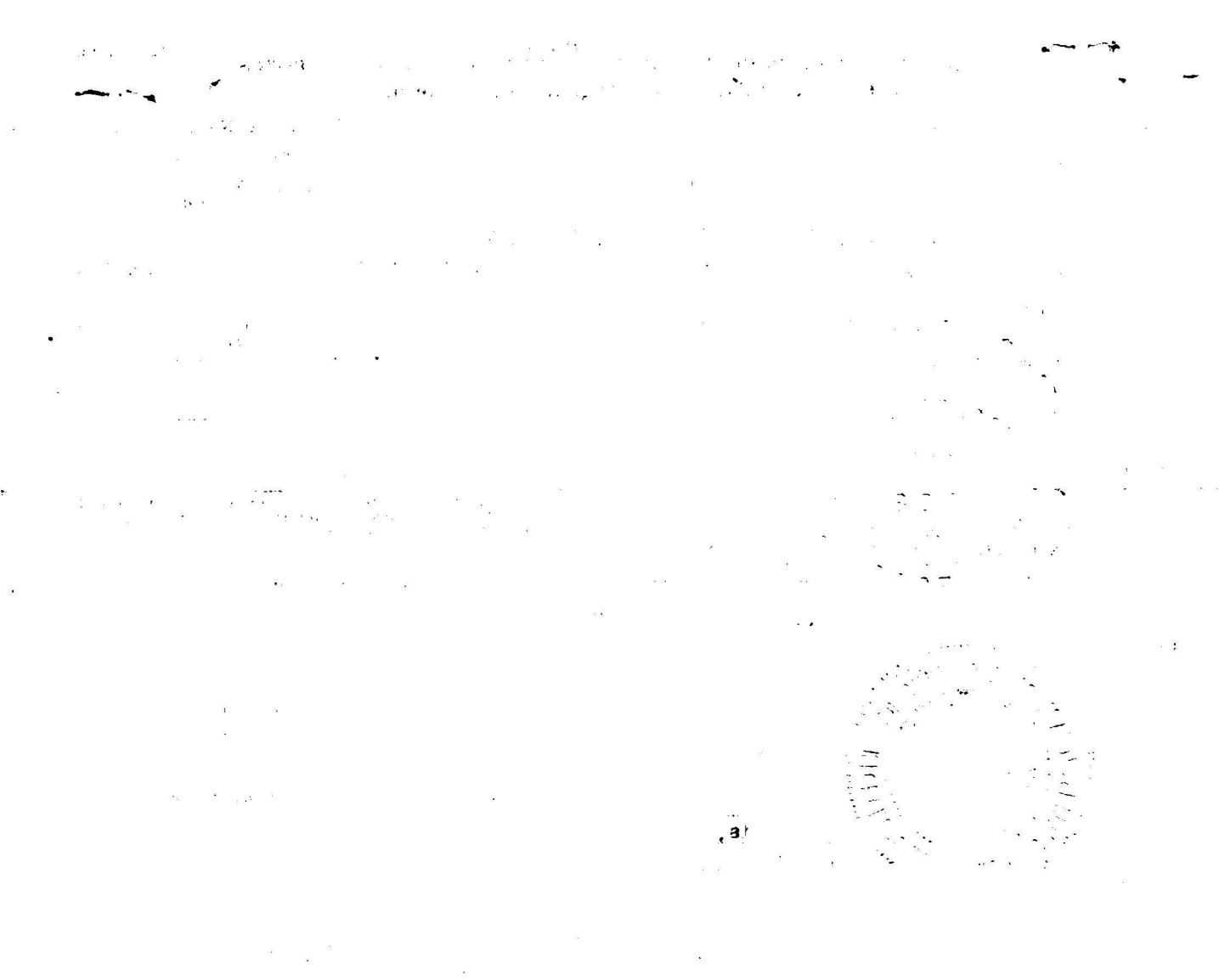
State of California } ss.
County of San Bernardino }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of November, 19 56
Nora Collins
Notary Public, residing at Redlands, Calif
My commission expires June 8, 1959
[SEAL]

Signed Barry Dibble
(Signature of any credible person other than the previous affiant)
120 E Palm Ave
Redlands Calif
(Street Address, City, State)

Received for filing on by
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14192

Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD Mary Belle Dibble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No	2	Yes	6 11 1913

FATHER		MOTHER	
FULL NAME	Barry Dibble	FULL MAIDEN NAME	Belle Butler
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Wis
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician

(Physician ~~or midwife~~)

Address Rupert Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 C. H. Scott

Registrar

S-Y CO. 20174

OCT
JAN 1 7 1957
AUG 3 0 1966

Amended 11-4-59

PLACE OF BIRTH

168-221-03K515

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14193

Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Anna Catherine Johnston

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 21, [illegible] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jefferson J. Johnston	FULL MAIDEN NAME	Sophia Vanderwood
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C. H. Scott

Physician
(Physician or midwife)

Address Rupert, Ida.

Filed June 30, [illegible] 1913 C. H. Scott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of Los Angeles } ss.

Certificate No. 14193
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Anna K. Johnson (Name on Original Certificate) who born (Was Born or Died) on 6-21-1913 (Date of Event) in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Anna K. Johnson	Anna Catherine Johnston
Father's Last Name	Johnson	Johnston
Birthdate	June 21, 1913	May 21, 1913

Subscribed and sworn to before me this 24th day of June 19 59.
E. L. Morton
Notary Public, residing at Los Angeles, California
My commission expires May 27, 1961
(Seal)

Signed Catherine V. White (Parent)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6822 S. Broadway, Los Angeles 3, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 19 59.
E. L. Morton
Notary Public, residing at Los Angeles, Calif.
My commission expires May 27, 1961
(Seal)

Signed Mavis Hansen
(Signature of Any Credible Person)
435 W. 88th Street, Los Angeles 3, Calif.
(Street Address, City, State)

FORM DPH 55-155

NNCL 5-19-58 1 copy paid

Social Security Application gives name as Anne Catherine Johnston, date of birth as May 21, 1913, Father's name as Johnston, dated Nov. 7, 1944- viewed by V.S.

Certified copy of Marriage Certificate, State of Washington, gives name as Anne C. Johnston, Father's Name as J.J. Johnston, dated Sept. 15, 1932 - viewed by V.S.

Application for Membership in the Memorial Baptist Church, Nov, 1934 gives name as Mrs. Anne Catherine Roberts, maiden name, Johnston, born May 21, 1913 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14193

Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Anna H Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6, 21, 1913

FATHER		MOTHER	
FULL NAME	Peter Johnson	FULL MAIDEN NAME	Sophia Vandewood
RESIDENCE	Virginia	RESIDENCE	Virginia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Texas	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Scott

Physician

(Physician or midwife)

Address Rupert

Filed June 30 1913 O. H. Scott

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 4 1959

363-108-03X-294

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-13.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14194

Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD John P Tolfson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	6 8 1913

FATHER		MOTHER	
FULL NAME	John Tolfson	FULL MAIDEN NAME	Lena Simmons
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician

(Physician or midwife)

Address Rupert Ida.

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 C. H. Scott

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-42-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

893.105 c03 K557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 14195

County of Shoshone

City of Burke

Registration District No. 19

No. ____, ____ St.

Primary Registration District No. ____

Registered No. 6

Hospital ____

FULL NAME OF CHILD Stillborn Girl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Lewis Hite	Bessie Evans
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	17 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead (Born alive or stillborn), at 1.2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) J. H. Keagan M.D.

(Physician or Midwife)

Address Burke

..... 1913

..... Registrar

Filed June 30 1913 C. H. Scott Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 12-C—10m 8-7-1

COLOR	AGE AT LAST BIRTHDAY (Years)	RESIDENCE

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

Amended 12-14-60

PLACE OF BIRTH

391-164-034-244

County of Minidoka

City of Acequia, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14196

Primary Registration District No. ..... Registered No. 7

FULL NAME OF CHILD Lewis Budge Cragun

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	May 4, [redacted] 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Mormon Cragun	FULL MAIDEN NAME	Annie May Budge
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott, M.D.

Physician (Physician or midwife)

Address Rupert, Ida.

Filed June 30, [redacted] 1913 C.H. Scott

Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14196

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Louis Budge Cragun (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1913 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Feb. 8 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Louis	Lewis Budge Cragun
Child's Date of Birth	June 4, 1913	May 4, 1913
Place of Birth		Acequia, Idaho.

Subscribed and sworn to before me this 22 day of November, 1960.

Lawrence M Nolan
Notary Public, residing at Ogden Utah
My commission expires June 30-1961
(Seal)

Signed Annie Budge Cragun
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1012 W. Pleasant View Dr. Ogden, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11-18-60. one copy pd. receipt #09603.

L.D.S. Church Certificate of Membership, Feb. 11, 1914 gives full name of child as Lewis Budge Cragun, born May 4, 1913 at Acequia, Idaho to Morman Cragun and Annie May Budge - viewed by V.S.

Beneficial Life Insurance Policy, June 6, 1933, #129964 gives full name as Lewis Budge Cragun, born May 4, 1913 at Acequia, Idaho beneficiaries are given as Mormon Cragun and Annie Cragun - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 14196

Primary Registration District No. ..... Registered No. 7

FULL NAME OF CHILD + Lossie Budge Cragun

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 4 1913

FATHER

FULL NAME Mormon Cragun

RESIDENCE Acequia

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Jamie Wray Budge

RESIDENCE Acequia

COLOR White AGE AT LAST BIRTHDAY +31 (Years)

BIRTHPLACE + Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Scott M. D.

Rupert Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 30 1913 C. L. Scott

..... Registrar

Registrar

8-Y CO. 20174

DEC 15 1960

313-105-016-216

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VIT[redacted]
CERTIFICAT[redacted]

Registration District No. .....

File No. 14197

Primary Registration District No. .....

Registered No. 9

FULL NAME OF CHILD William John Paterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick A Paterson	Ida M Davis
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	36
BIRTHPLACE	Ontario Can	Ontario Can.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott
Physician
(Physician or midwife)

Address Rupert

Filed June 6 1913 C. H. Scott
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

R-Y CO. 20174

Form V. S. No. 11-C—20m-8-36-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

249-121-03X-632

Form V. S. No. [redacted] 5-12

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 14198

Registered No. 8

FULL NAME OF CHILD Reed Olsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			no	June 21 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Leo Smith	FULL MAIDEN NAME	Florence Olsen
RESIDENCE	Mt. Pleasant Utah	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Domestic

Number of child of this mother, including present birth ..... 1st. Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Scott

Physician (Physician or midwife)

Address Rupert Ida

Filed June 21 1913 C. T. Scott Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-113-036-154

PLACE OF BIRTH

County of [redacted]eida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-0[illegible] 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14199

Primary Registration District No. 2069 Registered No. 198

FULL NAME OF CHILD Chester Leroy Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Male			Yes	June 13 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis J. Thomas	Florence Anderson
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	29 (Years)
BIRTHPLACE	Malad Ida	Wyoming
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 2.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 8 19 13 D. Rees Registrar

8-Y CO. 20174

NOV 2 1942

745-11-4036-551

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14200

Primary Registration District No. 2069 Registered No. 199

FULL NAME OF CHILD Jesse Wade

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 14 1913

FATHER		MOTHER	
FULL NAME	Jesse E Evans	FULL MAIDEN NAME	Bertha Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Malad Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Alston

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 8 1913 D C Ray
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

595 - 120·036 - 165

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 26 File No. 14201

Primary Registration District No. 2069 Registered No. 700

Hospital .....

FULL NAME OF CHILD DANIEL JONES NIEFFENEGGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 20 1913

	FATHER	MOTHER
FULL NAME	Joseph Nieffenegger	FULL MAIDEN NAME Eleanor Jones
RESIDENCE	Malad Ida	RESIDENCE Malad Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE Malad Ida
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 4:15 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alston
Physician
(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed July 8 19 13 D C Clay
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth.....192.... (Month) (Day) (Year)

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

...one child at birth a SEPARATE RETURN is ...the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding. }

Certificate No. 14201

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Daniel Jones Nieffenegger (Name on Original Certificate) who Born (Was Born or Died) on June 20, 1913 (Date of Event) in Home at Midad City, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 27 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edna Matilda	Daniel Jones Nieffenegger
Date	June 20th	June 20, 1913

Subscribed and sworn to before me this 28 day of Aug 1942
D. F. McReynolds
Notary Public, residing at Hagerman
My commission expires Jan 7th 1944
(Seal)

Signed Eleanor M Nieffenegger (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mrs Hagerman Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Aug 1942
D. F. McReynolds
Notary Public, residing at Hagerman Idaho
My commission expires Jan 7th - 1944
(Seal)

Signed Mrs W R Boyer Aunt
(Signature of Any Credible Person Other Than Previous Year)
Hagerman Idaho
(Street Address, City, State)

AUG 20 1942

SEP

852-22-1036-719

Form V. S. No. 11-G—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 16 File No. 14202

Primary Registration District No. ~~2069~~ 2071 Registered No. 201

FULL NAME OF CHILD June Hess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 21 1913

FATHER		MOTHER	
FULL NAME	Wm F Hess	FULL MAIDEN NAME	Eudora Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed July 8 1913 D C Berg Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1948

DEC 23 1963

SS1-103-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form Vt S. No. 11—10m-6-20-11

Registration District No. 26 File No. 14205

Primary Registration District No. 2069 Registered No. 204

FULL NAME OF CHILD David LaVar Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 2, 1913

FATHER		MOTHER	
FULL NAME	William Evans	FULL MAIDEN NAME	Libbie Jones
RESIDENCE	Malad RFD # II	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A. M. on the date above stated.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Filed 6-3 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 12 37 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida }

Certificate No. 14205

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Evans (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1913 (Date of Event) in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	David LaVar Evans

Subscribed and sworn to before me this 23 day of March, 19 76

Corina A. Sweetser D.C.

~~Notary Public~~, residing at

My commission expires

(Seal) Clerk of the district court

Signed Guy J. Evans (Brother)
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

45 W. 3rd N. Malad City, Id 83252
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of March, 19 76

N. A. Meyers

Notary Public, residing at Malad, Idaho

My commission expires 12-14-77

(Seal)

Signed Lowell B. Jones
(Signature of Any Credible Person)

87 So. Main Malad City, Id 83252
(Street Address, City, State)

FORM DH 60-155

Correction Corresp. rcpd rec # 8802 3-17-76 (E)

Marriage certificate from California gives nameas as David LaVar Evans and Blanche Mathews. dated Aug 20,1946. viewed by V. S.

APR 2 3 1976

National Service Life Ins gives nameas David LaVar Evans. Policy No. V1228-03-07. effective dated as 5-1-1951. viewed by V. S.

312-210-036-432

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 26 File No. 14206

Primary Registration District No. 2969 Registered No. 205

FULL NAME OF CHILD Dorothy Castleton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	January 10, 1913

FATHER		MOTHER	
FULL NAME	Arthur Castleton	FULL MAIDEN NAME	Laura McKay
RESIDENCE	Larsen N. D.	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	telegraph operator	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 6-10 1913

D C Ray Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 16 1943

643-22C 1036-314

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14207

Primary Registration District No. 2069 Registered No. 76

FULL NAME OF CHILD Margaret Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John B Williams	Emma Campbell
RESIDENCE	Malad City	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	rancher	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Filed July 1 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

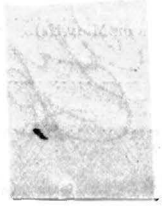
S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1963



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

845-1110-36-713

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 14208

Primary Registration District No. 2069 Registered No. 207

FULL NAME OF CHILD Ivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	June 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Hunsaker	Myrtle Palmer
RESIDENCE	Malad City	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

....., 19.....

Filed 6-12 1913 D. C. Ray

Registrar

S-Y CO., 16659

Registrar

319-228-036-249

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 26 File No. 14209

Primary Registration District No. 2069 Registered No. 208

FULL NAME OF CHILD Gwen Larson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	6-28-13

FATHER		MOTHER	
FULL NAME	Rasl Larson	FULL MAIDEN NAME	Rhosia Smith
RESIDENCE	Malad R.F.D	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 8:10 A. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

..... 19.....

Filed July 1 19 13

S-Y CO., 16669 Registrar

Registrar

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 4 1966

DECEASED

799-21.036-795

PLACE OF BIRTH

County of Oneida

City of Elkhorn

No ____, ____ St.

Hospital ____

FULL NAME OF CHILD Female Male

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 4p

Primary Registration District No 2069

File No. 14210

Registered No. 209

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	June 7, 1913

FATHER		MOTHER	
FULL NAME	John Remington Price	FULL MAIDEN NAME	Judith Pierson.
RESIDENCE	Elkhorn	RESIDENCE	Elkhorn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	School Teacher

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ellen A. Hiatt, Midwife

Burley Idaho

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 1, 1913 D C Ray Registrar

STMB - YORK CO., PTRS. & SOR. 17520

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

55-2275-936-469

Amended 3-18-71

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14211

Primary Registration District No. 269 Registered No. 210

FULL NAME OF CHILD Agnes Lucille Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl		Two	Yes	May 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Jones Evans	FULL MAIDEN NAME	Jennie Morgan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8—10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Boling Brooke (Physician or midwife)

Address Midwife Malad City Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 19 13 D C Ray Registrar

..... Registrar

S-Y CO. 20174

FEB 4 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

RECEIVED
FEB 22 1971
Bureau of Vital Statistics

Certificate No. 14211

Date Filed July 1, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Agnes Evans (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on July 6th, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	omitted	Lucile

Subscribed and sworn to before me this 19th day of February, 1971

Ernest Anderson
Notary Public, residing at Parma, Idaho.
My commission expires March 4, 1974
(Seal)

Signed Clayton Pett Ward Clerk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1971

Ernest Anderson
Notary Public, residing at Parma, Idaho
My commission expires March 4th, 1974
(Seal)

Signed La Vina J. Fawcett
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/1/71 1cc pd.

Certificate of Baptism and Confirmation issued by L.D.S.Church on June 5, 1921 gives name as Agnes Lucille Evans. Born May 17, 1913 at Malad, Idaho. Baptized June 5, 1921.
Viewed by V.S.

MAR 1 8 1971

Certificate of Marriage gives name as Agnes Lucille Evans married to Ezra Taft Pett on May 16, 1939 in State of Utah, County of Salt Lake.
Viewed by V.S.

41-2DV-036-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 14216

Primary Registration District No. 7119 — Registered No. 180

FULL NAME OF CHILD LaVonda Mayne Maughan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes.	Jan. 11 (Month / Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James A Maughan	FULL MAIDEN NAME	Jeanet Frew.
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/15 19 13 D C Ray Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 14216

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of January 1, 1913 (Birth or Death)
for Lavonda Maughan (Name on Original Certificate) who Jan. 1, 1913 (Was Born ~~or Died~~) on (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lavonda	LaVonda Mayme Maughan
Surname	Maughn	Maughan

Subscribed and sworn to before me this
day of 15th September, 19 44

Hw. Locke

Notary Public, residing at Seattle, Wash.

My commission expires June 16, 1945
(Seal)

Signed Myrtle Coleman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State) 116 West 70th Str. Seattle, Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of September, 1944

Hw. Locke

Notary Public, residing at Seattle, Wn.

My commission expires June 16, 1945
(Seal)

Signed Loretta Olsen
(Signature of Any Credible Person Other Than Previous Year)

8139 8th Ave. S.W. Seattle, Wn.
(Street Address, City, State)

AUG 23 1961
JUL 29 1974
SEP 20 1944

364204-036-318

Form V. S. No. 11-C—20m-2-15-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Registration District No. 18 File No. 14217

Primary Registration District No. 7119 Registered No. 181

Hospital

FULL NAME OF CHILD Glen Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	-	-	yes	Jan 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John William Carbridge	Sarah J Taylor
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	46
BIRTHPLACE	Franklin Idaho	Marysville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Preston

(Physician or midwife)

Address Preston Idaho

Filed 6/15 1913 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168/C8/036-713

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 14219

Primary Registration District No. 219 Registered No. 163

FULL NAME OF CHILD Emmanuel Earnest Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Jan 8 1913

FATHER		MOTHER	
FULL NAME	Earnest C Johnson	FULL MAIDEN NAME	Tanza Parker
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cubbin

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 6/15 1913 D C Ray

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

623-20410363 19

PLACE OF BIRTH · Amended 12/10/75

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake Oneida

City of Preston

Registration District No. 18

File No. 14220

No. ..... St.

Primary Registration District No. 7119

Registered No. 184

Hospital .....

FULL NAME OF CHILD Edna Carlson Ostergar

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Jan 9 1913

FATHER		MOTHER	
FULL NAME	Peter M P. Ostergar	FULL MAIDEN NAME	Alma Carlson
RESIDENCE	Preston Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer R. Ostergar

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 6/15 1913 D. Clay

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 4 12 33 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 14220

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edna Ostogard (Name on Original Certificate) who was born (Was Born or Died) on Jan. 9, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Edna Ostogard	Edna Carlsen Ostergar
father's last name	Ostogard	Ostergar

Subscribed and sworn to before me this 25 day of November, 1975.

Dane L. Gregson
Notary Public, residing at Preston, Idaho
My commission expires 3-4-78
(Seal)

Signed Wendy Panter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 1975.

Dane L. Gregson
Notary Public, residing at Preston, Idaho
My commission expires 3-4-78
(Seal)

Signed Keith Christensen
(Signature of Any Credible Person)

Preston Idaho
(Street Address, City, State)

FORM DH 60-155 CL II/4 12/75 nm

Marriage license and Certificte from Idaho gives groom's name as Willard Charles Thornock and Edna O. Jensen. dated Sept. 4, 1971. viewed by V. S. Maiden name as Edna O. Ostergar.

DEC 10 1975

Certif of Baptism and Confirmation from the LDS Church gives name as Edna Carlson Ostergard daughter of Peter M. Ostergar andEdna Carlson. born Jan. 9, 1913. Clifton, Idaho. Baptized Feb 26, 1921. vie ed by V. S.

4332 141 036-394

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 18 File No. 14221

No. ..... St.

Primary Registration District No. 7119 Registered No. 185

Hospital .....

FULL NAME OF CHILD Gladys McCann

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one (To be answered only in event of plural births)	and	Yes	1 14 1913

FATHER		MOTHER	
FULL NAME	Joseph L. McCann	FULL MAIDEN NAME	Eda Saphrona Tidwell
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Richmond Ut.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 6/15 1913 D C Rae

..... Registrar

B-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

— Amended 3-19-71

743-25-036-689

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Registration District No. 18 File No. 14222

Primary Registration District No. 7119 Registered No. 186

Hospital .....

FULL NAME OF CHILD Ruth Alerta Pulsipher

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	one (To be answered only in event of plural births)	and	Yes	1 15 1913

FATHER		MOTHER	
FULL NAME	Henry Elias Pulsipher	FULL MAIDEN NAME	Emmaline Whitmer
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Avon, Utah	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R Cullen

Physician

(Physician or midwife)

Address Preston Idaho

Filed 6/15 1913 D C Kay Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1949

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 24 1971
Bureau of Vital Statistics

State of Nevada
County of Clark } ss.

Certificate No. 14222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Ruth Alberta Pulsipher who was born on Jan. 15, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church Blessing / Certificate May 4, 1913 as extracted
(Bible Record, Insurance Policy, Etc.) prepared on by Church Historian Oct. 27, 1970
(Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	Alberta	Alerta

Subscribed and sworn to before me this 16 day of February, 1971

Notary Public - State of Nevada
COUNTY OF CLARK
ANTHONY M. PEARL
My Commission Expires Oct. 10, 1974

Notary Public residing at Las Vegas, Nev.
My commission expires
(Seal)

Signed X Lennie) Emmaline) Witmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

295 N 4th E Beaver Utah (Mother)
(Street Address, City, State) 84713

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA
County of CLARK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 16 day of February, 1971

Notary Public - State of Nevada
COUNTY OF CLARK
ANTHONY M. PEARL
My Commission Expires Oct. 10, 1974

Notary Public residing at Las Vegas, Nev.
My commission expires
(Seal)

Signed Frances Himmler
(Signature of Any Credible Person)

3522 Greenleaf Ln. Las Vegas Nev. 89109
(Street Address, City, State)

2/9/70 cm

FORM DH 60-15

Church certificate of birth issued Oct. 27, 1970 and entered on record on May 4, 191
1913 states that Ruth Alerta Pulsipher was born January 15, 1913 at Preston, Idah .
Father Henry E. Pulsipher
Mother - Emelia Witmer.
Viewed by V.S.

MAR 19 1971

Blessing Certificate states that date of birth is January 15, 1913 and her name is Ruth Alerta Pulsipher. Blessed May 4, 1913 in L.D.S.Church.
Viewed by V.S.

695-719036413

PLACE OF BIRTH

County of Oneida

City of Whitney

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14223

Primary Registration District No. 7119 Registered No. 181

FULL NAME OF CHILD Woodro Winward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	Yes	1 19 1913

FATHER		MOTHER	
FULL NAME	Butie W. Winward	FULL MAIDEN NAME	Lula Walley
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	South Jordan, Ut.	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Parowan, Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....19....

Filed 4/15 19 13

....
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-18/16

PLACE [redacted]

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Form V. S. [illegible] 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14224

Primary Registration District No. 7119 Registered No. 188

FULL NAME OF CHILD DELMAR John Mickelson

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	One	1	Yes	2 1 1913

FATHER

FULL NAME John G. Mickelson

RESIDENCE Dayton

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Dayton, Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lucy C. Godfrey

RESIDENCE Dayton

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Clarkston Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R Rudter

Physician

(Physician or midwife)

Address Preston Idaho

Filed 6/15 1913 D C Gray Registrar

S-Y CO. 20174

1942

OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14224

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John	Delmar John Mickelson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at Preston Idaho

My commission expires May 1-1945
(Seal)

Signed John G. Mickelson
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires May 1-1940
(Seal)

Signed Ellen Lewis
(Signature of Any Credible Person Other Than Previous Year)

Preston
(Street Address, City, State)

AUG 12 1942

AUG 14 1942

662-102-1036-[redacted]

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS [redacted] 2-15-13

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14225

Primary Registration District No. 2119 Registered No. 149

FULL NAME OF CHILD Ira Lowell Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	yes	2 2 1913

FATHER		MOTHER	
FULL NAME	Earl Foster	FULL MAIDEN NAME	Ella A. Wilcox
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Sandwich Islands
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen L. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/15 19 13 D C Peck Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1967
AUG 18 1967
MAR 16 1953

619-104-421-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Frankl[redacted]

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 14 File No. 14226

Primary Registration District No. 2149 Registered No. 190

FULL NAME OF CHILD Delbert Waite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	Yes	2 4 1913

FATHER		MOTHER	
FULL NAME	John W. Waite	FULL MAIDEN NAME	Martha M. Mickelson
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Hyde Park, Utah	BIRTHPLACE	Dayton Ida
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Viable alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cudlip

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/15 1913 D C Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1948

253-05-021-255

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek. Registration District No. 16 File No. 14227

No. ..... St. Primary Registration District No. 7119 Registered No. 191

Hospital .....

FULL NAME OF CHILD Wells E. Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	Yes	2 5 1913

FATHER		MOTHER	
FULL NAME	Emanuel Keller	FULL MAIDEN NAME	Mildred Bennett
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ovid, Ida.	BIRTHPLACE	Perry, Ida.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 6/15 19 13 D. C. Ray

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

Registration District No. 18 File No. 14228

No. ..... St.

Primary Registration District No. 7119 Registered No. 192

Hospital .....

FULL NAME OF CHILD Rolla Lenfence Wayland

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	2 8 1913

FATHER		MOTHER	
FULL NAME	Walter B. Wayland	FULL MAIDEN NAME	Rozella Hogan
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	W.W	COLOR	W.W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Florida
OCCUPATION	watchmaker	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis E. Custer

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 6/15 1913 D. C. Ray

..... Registrar

5-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-7-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 23 1961

County of

Amended 8-13-76
314-12-0-021-435

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Registration District No. 18

File No. 14229

Primary Registration District No. 2119

Registered No. 193

Hospital

FULL NAME OF CHILD Peter Mc Neil Larson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one		Yes	2 20 1913

FATHER		MOTHER	
FULL NAME	Henry E. Larson	FULL MAIDEN NAME	Hulda E. McNeil
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Clifton Ida	BIRTHPLACE	Ramah N. Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 6/15 1913 D. E. Ray
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF [illegible]

Registration District No. ..... File No. .....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 13 2 43 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 14229

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Peter McNeal Larsen (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1913 (Date of Event)
in Clifton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Peter McNeal Larsen	Peter McNeil Larson
Mother's maiden name	McNeal	McNeil
Father's last name	Larsen	Larson

Subscribed and sworn to before me this 13th day of August, 19 76.

Florence Cartwright

Notary Public, residing at Bancroft

My commission expires 4-20-76

(Seal)

Signed Ruth M. Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

AUG 1 3 1976

Own childs birth certificate on ffle with V. S. under state file # 276316 gives name of father as ~~Henry E. bar~~ Peter McNeil Larson. Child born January 16, 1939 in Twin Falls, Idaho.
Viewed by V.S.

Statement regarding family records gives name as Peter McNeil Larson born Feb. 20, 1913 in Clifton, Idaho, to Henry E. Larson and Hulda E. McNeil.
REcord obviouly old.
Viewed by V.S.

525-121-02-291

PLACE OF BIRTH amended 4/28/80

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Registration District No. 18 File No. 14230

Primary Registration District No. 1119 Registered No. 194

Hospital .....

FULL NAME OF CHILD John Ferdinand Eberhard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	None	and	Yes	2 21 1913

FATHER		MOTHER	
FULL NAME	Herman Eberhard	FULL MAIDEN NAME	Berta Kramer
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Coeur d'Alene, Idaho at 9a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mark Mueller

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Coeur d'Alene Idaho

Filed 6/18 1913 D. E. Kaga

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 19

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14230

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for John Ferdinand Eberhart (Name on Original Certificate) who was born (Was Born or Died) on February 21, 1913 (Date of Event) in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's & Father's Last Name	Eberhart	Eberhard

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Herman Eberhard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of SL }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of December, 1974

Renee A. Barr
Notary Public, residing at 926 Cascade Ln
My commission expires May 25, 1981
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL. 3-26-68. 2 copies pd. Rec. #30529.

Certif of Ordination gives nameas Herman Eberhard ordained an Elder in the LDS Church on Nov 6, 1910. viewed by V. S.

APR 2 9 1980

Certif of Blessing fro the LDS Church gives nameas John Ferdinand Eberhard son of Herman Eberhard and Bertha Kramer. born Feb 21, ,1913 at Whitney, Idaho. Blessed May 4, 1913. viewed by V. S.

Marriage Licensen from Utah gives nameas John Ferdinand Eberhard and Shirley Nielsen. dated Nove 24, 1936. viewed by V. S.

846-105-021-435

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Clifton

No. [redacted] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14231

Primary Registration District No. 2119 Registered No. 195

FULL NAME OF CHILD Adrian Howell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	and	Yes	3 5 1913

FATHER

FULL NAME: Howe. C. Howell

RESIDENCE: Clifton

COLOR: Wht AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Clifton Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Chloe Neone McNeal

RESIDENCE: Clifton

COLOR: Wh AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Sunset, Arizona

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alma L. Coulter

Physician

(Physician or midwife)

Address Preston Idaho

Filed 6/15 1913 D. E. Ray

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

8-Y CO. 20174

OCT 1 6 1973

[redacted]

343.127-621-381

MARGIN RESERVED FOR BINDING - WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-8-23-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14232

Primary Registration District No. 2119 Registered No. 196

FULL NAME OF CHILD James William Cutler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One		Yes	March 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R. Cutler	Millie K. Chadwick
RESIDENCE	Preston	Preston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Gentile Valley	Mapleton
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R. Cutler, M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/13 19 13 E. C. Ray Registrar

R-Y CO. 20174

[redacted] 2-662 [redacted]

Form 8-7-11

County of Twin Falls

City of Twin Falls

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 1423

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD JEWEL MELVINA Lundin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		Yes	6 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Lundin	Ada Hooten
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. H. Fiske

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Filed 6-30 19 13 John L. Creyblen
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

SEP 3 1941

Certificate No. 14234
Date Filed May 4, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Jewel Melvina Lundin (Name on original certificate) who (Was born ~~or died~~) on June 23, 1913 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", ~~"cause of death"~~, etc.	FROM (As on original)	TO (The correct facts)
Jewel Melvina Lundin was born at Twin Falls, Idaho, June 23, 1913		

Subscribed and sworn to before me this 27th day of May, 1941

Notary Public, residing at Twin Falls, Idaho
My commission expires January 14, 1942.
[SEAL]

Signed Ada Madeline Lundin
(Signature of parent or attendant if correcting a birth record; or ~~attendant, funeral director, informant if correcting a death record; or other credible person~~) (Mother)
436 5th ave. North Twin Falls, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

667-286-042-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ....., ... St.

Hospital .....

Form V. S. No. [illegible] Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 14235

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Glox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		yes	6 26 1913

FATHER		MOTHER	
FULL NAME	Laurence C. Glox	FULL MAIDEN NAME	Cassie Jensen
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Saundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 45 P. M. on the date above stated.

(Signature) W. F. Tibbs

T. Snyderman

(Physician or Midwife)

Address Twin Falls Idaho

Filed 6-30 1913 John H. Douglass Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

6YMS - YORK CO., PTRS. & SONS. 17320

693-203-042-695

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 14236

Primary Registration District No. 7085 Registered No. .....

FULL NAME OF CHILD RUTH L. WITTLBSCHLAGER

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	June 3 1913

FATHER		MOTHER	
FULL NAME	A. J. Wittlbschlager	FULL MAIDEN NAME	Vrnna E. Finney.
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Galion Ohio	BIRTHPLACE	Mansfield Ohio.
OCCUPATION	Shipping Clerk.	OCCUPATION	Dressmaker.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) June 3, 1913 at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 6-3 1913 John W. Brighem

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1962

433-107042-137

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-25-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14237

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		1	yes	June 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert Roy McCabe	FULL MAIDEN NAME	Anna Mildred Algrd
RESIDENCE	Twin Falls. Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Hons S. Dakota.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 5, 1913, at 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. R. Morgan

(Physician or midwife)

Address Twin Falls

Filed 6-4 19 13 Colwell Engholm Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-118-042-666

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14238

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Robert Morris Brown

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	June 18, 1913

FATHER	MOTHER
FULL NAME: James M Brown	FULL MAIDEN NAME: Grace L Wood
RESIDENCE: Malta Idaho	RESIDENCE: Malta,
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utica N Y	BIRTHPLACE: Utica N Y
OCCUPATION: Civil Engineer	OCCUPATION: house wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was home alive (Born alive or stillborn), at 430A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Day M.D.

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-20 1913 Wm H Englehart

..... Registrar

Registrar

S-Y CO. 20174

MAR 25 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-104-042-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 324 Main S. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14239

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD WALLACE MURDOTH CHRISTOPHERSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Murdoth H. Christopherson	Isabel Chadwick
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K W Wilson M.D

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 4 19 13 Johnnie Engleman
Registrar

B-Y CO. 20174

DEC 1 1952

1952

55-111-042-652

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14240

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Jesse West Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 11 1913

FATHER		MOTHER	
FULL NAME	Fred L. Evans	FULL MAIDEN NAME	Margaret West
RESIDENCE	Castleford, Ida	RESIDENCE	Castleford, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-16 1913 John H Coughlan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-212-042-813

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 1424

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Edith Westney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 12 1913

FATHER		MOTHER	
FULL NAME	Arthur F. Westney	FULL MAIDEN NAME	Bertha Hall
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	New Hampshire	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-16 19 13 John H. Engley Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-213-042-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital ____

Registration District No. 23 File No. 14242

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD ANNA ELIZABETH CARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 13 1913

FATHER		MOTHER	
FULL NAME	George S. Carter	FULL MAIDEN NAME	Nellie Hanson
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Twin Falls, Idaho

Given names added from a supplemental report

6-16-13 John S. Gray Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 14242

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for No name shown (NAME ON ORIGINAL CERTIFICATE) who June 13, 1913 (WAS BORN ON—DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Anna Elizabeth Carter

Subscribed and sworn to before me this 27th
day of April, 19 42

Walter L. Musgrave
Clerk of the District Court
Notary Public, residing at Twin Falls
My commission expires
(SEAL)

Signed Attendant
Mrs Orral Eggleston
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
299 South Locust, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April, 19 42

Walter L. Musgrave
Clerk of the District Court
Notary Public, residing at Twin Falls
My commission expires
(SEAL)

Signed George S Carter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Father
Route # 2, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 2 1942 By
(REGISTRAR'S SIGNATURE)

MAY 5 1942

859-108-042-239

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 14243

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD William L. Herriman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 8 1913

FATHER		MOTHER	
FULL NAME	Phil C Herriman	FULL MAIDEN NAME	Mary Stillwell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Deputy Sheriff	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

(Physician ~~or midwife~~)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed June 8 1913 John F Coughlin Registrar

.....
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/11/41 L. B.

FEB 15 1966

296-128 : 4.2-261

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

✓

Hospital

Registration District No. 23

Primary Registration District No. 2085

File No. 14244

Registered No.

FULL NAME OF CHILD MARION JAMES Brothers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	Yes	June 28 1913

FATHER

FULL NAME: Chas. T. Brothers

RESIDENCE: Twin Falls Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Paris Texas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Irma Swan

RESIDENCE: Twin Falls Idaho

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Hswf.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-22 19 13 John H. Coughlan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-30-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of Chelan)

Certificate No. 14244

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of (birth or death) for (Name on original certificate) who (was born or died) on (Date of event) in (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Marion James Brothers

Subscribed and sworn to before me this 27 day of September 1941

Edward Nicholson
Notary Public
Residing at Wenatchee

Signed Iona Brothers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Richard Ave. Wenatchee Wash.
(Street address, City, State)

My commission expires 12/26/41

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Chelan)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of September 1941

Edward Nicholson
Notary Public
Residing at Wenatchee

Signed Helen Sheehan
(Signature of any credible person other than the previous affiant.)

406-1st St Wenatchee Wash.
(Street address, City, State)

My commission expires 12/26/41
(SEAL)

AUG 15 1974

249-16-42-962

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital

Registration District No. 23 File No. 14245

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Roy Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	✓	2	Yes	June (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Preston Smith	FULL MAIDEN NAME	Kate Rose
RESIDENCE	Twin Falls Co.	RESIDENCE	Twin Falls Co
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Dickinson Co Va	BIRTHPLACE	Dickinson Co Va.
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 7-22-1913 Mark Coughlan Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-107-042-262

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of _____

No. _____ St.

Hospital _____

Registration District No. 23 File No. 14246

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Waldo C. Miller

Sex of Child	Twin, triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X (To be answered only in event of plural births)		1	Yes	June 7 1913

FATHER	MOTHER
FULL NAME: R W Miller	FULL MAIDEN NAME: Minnie Bossard
RESIDENCE:	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Aurora Nebr.	BIRTHPLACE: Switzerland
OCCUPATION: Farmer	OCCUPATION: Farmers wife.

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 7 (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7-7 1913 J. Hart Brigham Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1973

AUG 15 1944

251-120-042-692

Form V. S. No. 11-C—Rev. 6-15-38.

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14247

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Oliver Edwin Beatty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 20 1913

FATHER		MOTHER	
FULL NAME	Clyde E. Beatty	FULL MAIDEN NAME	Lena Wike
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Wilson

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 6-30 19 13 Robert E. Coughlan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

NPADING INK—T
ild at birth a SEPA
nber of each, in or

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY..... (Years)

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY..... (Years)

BIRTHPLACE

659-230-042-213

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14248

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD MARY BALL FERGUSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James B. Ferguson	Eva L. Ball
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	California
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Howelson M D

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-8 1913 John Houghton

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14248

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Ball Ferguson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 30 1913 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 30 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mary Ball Ferguson

Subscribed and sworn to before me this 7th day of December, 19 42.

Lee Semples Rupp
Notary Public, residing at Los Angeles Cal.
My commission expires My Commission Expires March 19, 1945
(SEAL)

Signed James B. Ferguson (father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

553 N. Kenmore Los Angeles Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 19 42.

Lucille C. Murray
Notary Public, residing at 538 No. Vista L.A.
My commission expires My Commission Expires March 19, 1945
(SEAL)

Signed Annabell Shaphon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5312 La Cresta Court
(STREET ADDRESS, CITY, STATE)
Los Angeles Calif

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 19 1942

849-018042-453

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14249

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 10	Legitimate? yes	Date of Birth June 18, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Abm. Amos Hurella.	FULL MAIDEN NAME Lillian Estella Dicker
RESIDENCE	RESIDENCE
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Iowa.
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 18, 1913, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 7-7 19 13

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-209-042-813

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14250

Primary Registration District No. 245 Registered No. _____

FULL NAME OF CHILD Ishi Kato

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	yes	June 9 1913

FATHER		MOTHER	
FULL NAME	Sawha Kato	FULL MAIDEN NAME	Matchi Hatae
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 2:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 7-7 19 13 John H. Coughlan

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449.20 9.042-743

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 326 8th Ave N St

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14251

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	June 9 1913

FATHER		MOTHER	
FULL NAME	C W Muir	FULL MAIDEN NAME	Ruby Merl Gullette
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Shelby Co. Ind	BIRTHPLACE	Kansas
OCCUPATION	Leather	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 7-7 19 13 John L. Englen

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-15-1042-465

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of "

No. ____ St.

Hospital ____

Registration District No. 23 File No. 14252

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Robert Ivan Herron

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male			Yes	June 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James P. Herron	Addie M. Montelius
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	43
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-18 19 13 Chas. Ingalls

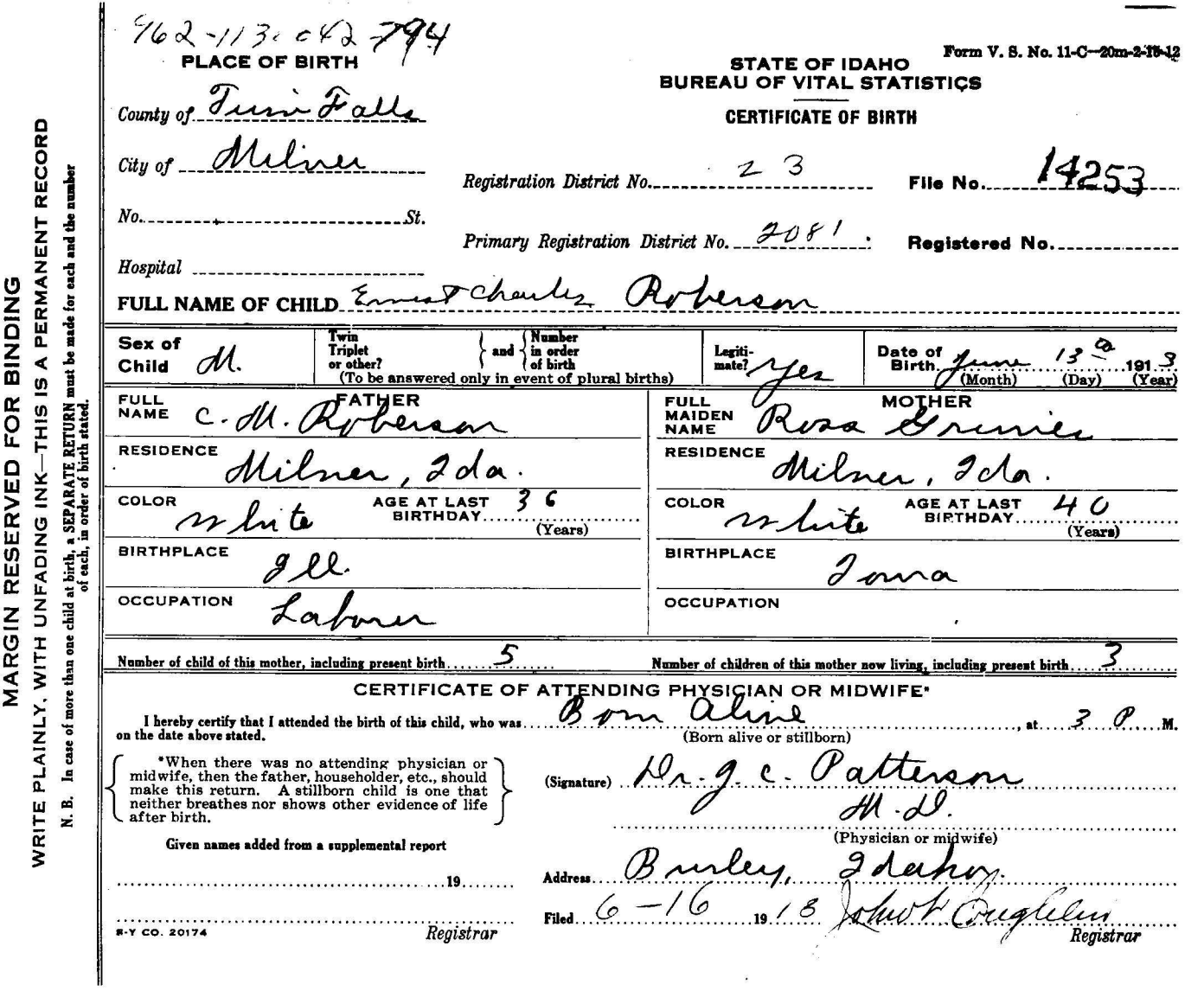
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



962-113-042 794

PLACE OF BIRTH

County of Twin Falls

City of Milner

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-16-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14253

Primary Registration District No. 2081 Registered No. ____

FULL NAME OF CHILD Ernest Charles Roberson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 13 1913

FATHER		MOTHER	
FULL NAME	C. M. Roberson	FULL MAIDEN NAME	Rosa Grunier
RESIDENCE	Milner, Ida.	RESIDENCE	Milner, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....19....

Filed 6-16 19 18 John W. Creighton

Registrar

....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended Feb. 19, 1953

PLACE OF BIRTH

744-115-1842-363

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14254

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD FLOYD GEORGE GRIEVE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
BOY			YES	JUNE 15, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	William Albert Grieve	FULL MAIDEN NAME	Ella Rose Collins
RESIDENCE	Filer, Idaho	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. R. Morgan

(Physician or midwife)

Address TWIN FALLS

Filed 7-7 1913 John L. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14254

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth ~~or Death~~)
for Floyd George Grieve (Name on Original Certificate) who ..... (Was Born ~~or Died~~) on 6/16 1913 (Date of Event)
in Filer Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit (Birth Record, Insurance Policy, Etc.) prepared on Feb 16 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name.	Ella Rose Cathins	Ella Rose Collins

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed William A. Grieve
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1953

Notary Public, residing at Twin Falls, Idaho
My commission expires April 29, 1954
(Seal)

Signed .....
(Signature of ~~Any~~ Credible Person)

[illegible]
(Street Address, City, State)

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. M-C—20m-Z-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 1425

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Floyd George Grieve

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	/		/	yes	June 13th 1913

FATHER

FULL NAME: William Albert Grieve

RESIDENCE: Filer Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: South Dakota

OCCUPATION: Nebraska

MOTHER

FULL MAIDEN NAME: Ella Rose Cathins

RESIDENCE:

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: House Wife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 15, 1913, at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 9-7 19 13

..... Registrar

..... Registrar

5-Y CO. 20174

SEP 21 1949

FEB 20 1953

SEP 30 195

389-104-042-299

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

TISTICS

RTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital

Registration District No. 73

Primary Registration District No. 2086

File No. 14255

Registered No.

FULL NAME OF CHILD Leo Taylor Chriswell

Sex of Child B.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nels Chriswell	FULL MAIDEN NAME	Frances Briggs
RESIDENCE	Filer Ida	RESIDENCE	Filer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo	BIRTHPLACE	Boise Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician ~~or midwife~~)

Address Filer

Given names added from a supplemental report

..... 19.....

Filed 6-4 19 13

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-117: c42-256

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 14256

No. ____ St.

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Isaac Gifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B			Yes	6 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Gifford	La Vola Sewell
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or ~~midwife~~)

Address Filer

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 6-17 19 13 Smith Coughlin Registrar

S-Y CO. 20174

JUL 12 1951

142-222-042-142

Form V. S. No. 11-C—~~Rev-6-15-12~~

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 14257

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Elizabeth Louise Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			yes	6 11 13

FATHER		MOTHER	
FULL NAME	Herbert Austin	FULL MAIDEN NAME	Leelean Austin
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Ohio
OCCUPATION	Mchl	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or ~~midwife~~)

Address Filer

Given names added from a supplemental report

..... 19.....

Filed 6-12 19 13 John A Engleman

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-125-042-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 14258

No. _____ St. Primary Registration District No. 2086 Registered No. _____

Hospital _____

FULL NAME OF CHILD Glenn Munger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6 25 1913

FATHER		MOTHER	
FULL NAME	Harry Munger	FULL MAIDEN NAME	Jessie Seiler
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 2 25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician ~~or midwife~~)

Address Filer

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-25 1913

Johnnie Ingalls Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-III 042-434

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital .....

Registration District No. 23 File No. 14259

Primary Registration District No. 208 C Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		5	yes	June 11 1913

FATHER		MOTHER	
FULL NAME	Harry Crookham	FULL MAIDEN NAME	Minta McMichael
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Dog MD (Physician or midwife)

Address Twin Falls. Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-16 19 13

..... Registrar

8-Y CO. 20174

..... Registrar

796-230-0-02-846

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

Buhl

City of _____

No. _____ St.

Hospital _____

Registration District No. 2087 File No. 14260

Primary Registration District No. 23. Registered No. _____

FULL NAME OF CHILD CDORA FERN PROBASCO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			yes	June 30 3 191

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	P.O.Probasco	Verna Huffaker
RESIDENCE	Buhl	Buhl
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Drayman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 6 a.m. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. T. Murphy

M.D.

(Physician or midwife)

Address Buhl Ida

Filed 6-30 1913 J. T. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 31 1947

364 207 042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 1426

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Helen Geneva Low

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Wm. Arthur Low	FULL MAIDEN NAME	Ruth Smith
RESIDENCE	7 mi S. Buhl Ida	RESIDENCE	7 mi S Buhl Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Barbourville Ky	BIRTHPLACE	Ohio Ind.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 A M. on the date above stated.

(Signature) A. S. McClusky M.D.

(Physician or midwife)

Address Buhl

Filed 6-14 1913

J. T. Murphy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S14/09-042-319

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 14262

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 9 1913

FATHER		MOTHER	
FULL NAME	Smith Harvey Tom	FULL MAIDEN NAME	Kitty Cary
RESIDENCE	Twin N. Buhl	RESIDENCE	Twin N. Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colfax Co. Neb.	BIRTHPLACE	Lotah Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

..... 19.....

Filed 6-14 1913 J. H. Murphy

..... Registrar

8-Y CO. 20174

Registrar

831-22-1042738

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 14263

No. ____ St.

Primary Registration District No. 23 Registered No. ____

Hospital ____

FULL NAME OF CHILD JOSEPHINE HLAFSA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	6 21 1913

FATHER		MOTHER	
FULL NAME	Albert Hlafsa	FULL MAIDEN NAME	Anna Schneider
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Blacksmith	OCCUPATION	Housework

Number of child of this mother, including present birth 1 7 Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Buhl

Filed 6-26 1913 J. T. Humphrey

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 - 1953

598-215042-846

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Twin Falls~~ Buhl

City of

No. St.

Hospital

Registration District No. 2087 File No. 14264

Primary Registration District No. 23 Registered No.

FULL NAME OF CHILD Iva June Nihart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	June 15 1913

FATHER		MOTHER	
FULL NAME	A.H.Nihart	FULL MAIDEN NAME	Eliza Haws
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

(Signature) J. Thornley M.D.
(Physician or midwife)

Address Buhl Ida

Filed 6-15-1913

J. Thornley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1947

1945

613-109-042-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of 3W 4½S Buhl Registration District No. 2087 File No. 14265

No. ..... St. Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD A.A.Walker Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 9 1913

FATHER		MOTHER	
FULL NAME	A.A.Walker	FULL MAIDEN NAME	Josephine Low
RESIDENCE	3W 4½S Buhl	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.T.Humphrey M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 6-15 1913 J.T.Humphrey Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-335447

242-432042-67 ADDED CHILD'S NAME 5-17-96 MS

Form V. S. No. 11-C-60m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____

No. 48 4E Buhl St.

Registration District No. 2087 File No. 14266

Primary Registration District No. 23. Registered No. ____

Hospital ____

FULL NAME OF CHILD RUTH MARGARET BUSTETTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 13 1913

FATHER		MOTHER	
FULL NAME	Mathew Bustetter	FULL MAIDEN NAME	Margaret Wallace
RESIDENCE	48 4E Buhl	RESIDENCE	same
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Greenup Ky.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Churchville Tenn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M.D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 6-15 1913 J. T. Murphy Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

JUL 23 1968

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

5-10-96

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
96 MAY 16 AM 9:31

State of _____ } ss.
County of _____ }

Certificate No. 14266
Date Filed 6-15-13

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED BUSTETTER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JUNE 13 1913 (Date of Event)

in BUHL (TWIN FALLS) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED BUSTETTER	RUTH MARGARET BUSTETTER

Subscribed and sworn to before me this 13th day of May, 19 96

Notary Public, Gay Warner GAY WARNER

Residing at Yakima

My commission expires 12-19-96

(Seal)

GAY WARNER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES

x Shirley M. Batali
Signature of Applicant

x 7700 Occidental Rd. Yakima Wa
Street Address, City, State 98903

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 19 96

Notary Public, Gay Warner GAY WARNER

Residing at Yakima

My commission expires 12-19-96

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

MAY 17 1996

JUN 26 2003

STATE OF WASHINGTON CERTIFICATE OF BIRTH FILED 2-9-39 FILE #26 SHOWS SHIRLEY MAXINE ZIER BORN JAN. 8, 1939 IN YAKIMA TO HENRY ZIER AND RUTH MARGARET BUSTETTER VIEWED VS.

WASHINGTON DRIVER'S LICENSE ZIER*RM876LL EXPIRED ON JUNE 13, 1989 ISSUED TO RUTH MARGARET ZIER VIEWED VS.

330-210-042-613

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14267

No. ____, ____ St.

Primary Registration District No. 2083 Registered No. ____

Hospital ____

FULL NAME OF CHILD Cynthiana Kate Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No			Yes	6 / 10 / 1913

	FATHER	MOTHER
FULL NAME	George C. Scott	FULL MAIDEN NAME Rhoda Wallace
RESIDENCE	Rock Creek Ida.	RESIDENCE Rock Creek Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE England
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tibbs

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 6-16 19 13 John W. Engelen

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

ph. 7/7/41

[redacted]

1h-s1-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-10m-6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Rock Creek

Registration District No 23 File No. 14268

No ....., ... St.

Primary Registration District No. 2083 Registered No. .....

Hospital .....

FULL NAME OF CHILD Laura Marie Newman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		4	Yes	6 2 1913

FATHER		MOTHER	
FULL NAME	Peter Newman	FULL MAIDEN NAME	Katherine Jorgensen
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Albee M.D.

(Physician or Midwife)

Address Rock Creek Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-7 19 13

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 3 1961

JUN 4 1963

346-125-c-19-262

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ____ St.

Registration District No. 22 File No. 11270

Hospital ____ Primary Registration District No. 2005 Registered No. 242

FULL NAME OF CHILD Glenn Everett Tromly, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 25 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: G. E. Tromly	FULL MAIDEN NAME: Crissie Kostenbader
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Telegrapher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Woodward

M. D. (Physician or midwife)

Address Payette, Idaho

Filed June 30 1913 R. Woodward
Registrar.

Give names added from a supplemental report.

____, 192____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Registration District No. 22 File No. 1427

Primary Registration District No. 2005 Registered No. 242

Hospital .....

FULL NAME OF CHILD Glenn Everett Trowbridge Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 25 1913

FATHER		MOTHER	
FULL NAME	L. E. Trowbridge	FULL MAIDEN NAME	Crissie Kostenbader
RESIDENCE	Payette Ida	RESIDENCE	Payette
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) R R Woodward

Phys

(Physician or Midwife)

Address Payette, Ida

Filed June 30 1913 R R Woodward Registrar

S-Y CO., 16670

[redacted] 285

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette — Registration District No. 22 — File No. 14271

No. ____, ____ St. — Primary Registration District No. 2005 — Registered No. 241

Hospital ____

FULL NAME OF CHILD Robert Emery Muzzy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank J Muzzy	Alma S Herman
RESIDENCE	Payette Ida	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	25
BIRTHPLACE	Wyoming	Minnesota
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Woodward

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed July 2 19 13 J E Woodward Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-129014-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of

No. ....., ... St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 14272

Primary Registration District No. 2008 Registered No. 240

FULL NAME OF CHILD JOHN CLARK DAVIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 29 1913

FATHER	MOTHER
FULL NAME: O. A. Davis	FULL MAIDEN NAME: Alice Horning
RESIDENCE: Three miles south East of Payette	RESIDENCE: With husband
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette Idaho

Filed July 2 19 13 J. R. Woodward Registrar

Dep.

SYMS - YORK CO., PTRS. & BDRS. 17828

MAR 6 19?2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Delta } ss.

Certificate No. 14272

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Clare Davis (Name on Original Certificate) who Born (Was Born or Died) on June 29, 1913 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on July 10, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	John Clare Davis

Subscribed and sworn to before me this 10th
day of March, 19 42

Genevieve Martin
Notary Public, residing at Delta, Colorado
My commission expires March 5, 1945.
(Seal)

Signed Alice L. Davis Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. F. D No 1 Delta, Colorado
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado }
County of Delta } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of March, 19 42.

Genevieve Martin
Notary Public, residing at Delta, Colorado
My commission expires March 5, 1945.
(Seal)

Signed Floyd W. Davis.
(Signature of Any Credible Person Other Than Previous Year)

235 Palmer St
(Street Address, City, State)

MAR 19 1942

766-216-014-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of C

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 22 File No. 14273

Primary Registration District No. 2005 Registered No. 239

FULL NAME OF CHILD Unnamed Leona Pearl Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 16, 1913

FATHER	MOTHER
FULL NAME E. R. Powell	FULL MAIDEN NAME Pearl Gardner
RESIDENCE One mile north of Payette	RESIDENCE With husband
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette Ida

Filed July 2 19 13 R W Edwards Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Nevada } ss.

Certificate No. 14273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Powell (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1913 (Date of Event)
in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [redacted] (Bible Record, Insurance Policy, Etc.) prepared on [redacted], are:
Birth Cert. Nevada - #2363 12-17-42 (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Marriage License - 2-8-38 - Viewed by V.S.		
Child's Name	Unnamed	Leona Pearl Powell

Subscribed and sworn to before me this 29th day of March, 1957.

Notary Public, residing at Nevada City, California
My commission expires Nov. 20 1958.
(Seal)

Signed Pearl Mooney (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Winnemucca Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed Floyd C. Ford
(Signature of Any Credible Person)
Nevada City, California
(Street Address, City, State)

FORM DPH 55. 155

1 copy pd 1-18-57

MAY 9 1951

not

SEE 13-14275

663-1/4 of 4-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hayden Lake

Registration District No. 2

File No. 14276

No. ..... St.

Primary Registration District No. 2005

Registered No. 236

Hospital

FULL NAME OF CHILD George Washington Wolford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 14th 1913

FATHER		MOTHER	
FULL NAME	Washington Wolford	FULL MAIDEN NAME	Stella Smith
RESIDENCE	Hayden Lake, Ida.	RESIDENCE	Hayden Lake, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Gone alive (Born alive or stillborn), at 1:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil Wright M.D.

Hayden Lake Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 19 13

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1974

542-224-030-386
Amended 10/13/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14277
Local Reg. No.
Reg. Dist. No. 47

1. PLACE OF BIRTH

a. COUNTY: Lemhi

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Carmen

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lemhi

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Carmen

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Margaret b. (Middle): Ruth c. (Last): Embley

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 24, 1913

FATHER OF CHILD

7. FULL NAME a. (First): David b. (Middle): Earl c. (Last): Embley

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Michigan

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Lulu b. (Middle): c. (Last): Thornberg

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): North Carolina

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. F. Hammer M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Salmon, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-11-13

22. REGISTRAR'S SIGNATURE: Helen L. Smith

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 22 1968
Bureau of Vital Statistics

State of Washington } ss.
County of Cowlitz

Certificate No. 14277

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Earl Embley (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1913 (Date of Event)
in Carmen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 24, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	David Earl Embley	Margaret Ruth Embley
Sex of Child	Male	Female

Subscribed and sworn to before me this 20th day of August, 1968

Laurence M. Keller
Notary Public, residing at Longview Wn.
My commission expires 11-25-69
(Seal)

Signed × Margaret Embley Eastlick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5041 Pacific Way Longview, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1968

Laurence M. Keller
Notary Public, residing at Longview, Wash
My commission expires 11-25-69
(Seal)

Signed × Leta V. Bemley
(Signature of Any Credible Person)

109 - V - 2nd West - Kelso Wn
(Street Address, City, State)

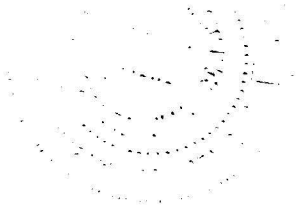
FORM DH 60-155

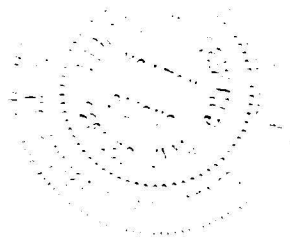
CL 8-14-68. one copy pd.

Photocopy of Family Bible Record, appears old and unaltered, gives name of one child as Margaret Ruth, born April 24, 1913, parents names as Erle Embley, Septe. 12, 1885 and Lula V. Thornburg, July 16, 1883 - viewed by VS.

Certificate of Marriage from the State of Wash. gives birde's name as Ruth M. Embley. Dated March 21, 1931. Groom's name Lester D. Eastlick. Signed by. Mrs. Erle Embley and A. B. Eastlick. Viewed by V. S.

Has Soxila Security Card gives name as Ruth Margaret Estlick. Viewed by V. S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE [redacted]

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lenawee

City of Carmen

No. ....., ... St.

Hospital .....

Registration District No. 27 File No. 14277

Primary Registration District No. 2716 Registered No. 20

FULL NAME OF CHILD David Earl Eudley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		3	Yes	4 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Earl Eudley	Lulu Thornberg
RESIDENCE	Carmen Ida	Carmen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Michigan	N.S.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamme M.D.

(Physician or Midwife)

Address Salmon, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-11-1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 13 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Nerch fork

No ....., ... St.

Hospital .....

Registration District No 27 File No 14278

Primary Registration District No 2116 Registered No 24

FULL NAME OF CHILD ~~not recorded~~ Sarah Elizabeth Eldridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		2	Yes	4 26 1913

FATHER		MOTHER	
FULL NAME	Wm. P. Eldridge	FULL MAIDEN NAME	Josie Heron
RESIDENCE	Nerch fork Ida	RESIDENCE	Nerch fork Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Montana
OCCUPATION	Stn. engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hamm M.D.

(Physician or Midwife)

Address Salmon, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6—11—1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

419-102.030-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Registered No.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ....., ... St.

Registration District No. 27 File No. 14279

Hospital .....

Primary Registration District No. 716 Registered No. 22

FULL NAME OF CHILD Rascoe C. Martin Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
M.		1	Yes	5 7

FATHER		MOTHER	
FULL NAME	Rascoe C. Martin	FULL MAIDEN NAME	Viola C. Brown
RESIDENCE	Lemhi Ida	RESIDENCE	Lemhi, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammil M.D.

(Physician or Midwife)

Address Salmon, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-11- 19 13 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

534-103-030-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ____, ____ St.

Hospital ____

Registration District No. 27 File No. 14280

Primary Registration District No. 2116 Registered No. 29

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m.		1	Yes	5 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Homer L. Eldredge	Fay Louise Jones
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Idaho	Montana
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamm M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6-11-13 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

469-110-030-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14281

Primary Registration District No. 2116 Registered No. 24

FULL NAME OF CHILD John C. Morrison Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m.		3	Yes	5 10 1913

FATHER		MOTHER	
FULL NAME	John C. Morrison	FULL MAIDEN NAME	Sylvia Wareing
RESIDENCE	Carmen Ida.	RESIDENCE	Carmen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamm

(Physician or Midwife)

Address Salmon, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-11-1913 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

413.125(030-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No ....., ... St.

Registration District No 27 File No. 14282

Hospital .....

Primary Registration District No. 2116 Registered No. 25

FULL NAME OF CHILD Earl Mackey

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.	1		1	Yes	5	25	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Glen Mackey	FULL MAIDEN NAME	Edith M. Swodgrass
RESIDENCE	Mackaroon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mukaroon	OCCUPATION	Rancher

Number of child of this mother, including present birth ..... 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at 3 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel

(Physician or Midwife)

Address Salmon, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-14-1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

459-102-030-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14283

Primary Registration District No. 2116 Registered No. 26

FULL NAME OF CHILD Curtis Clay Hood Merritt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		one	Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	Allan Curtis Merritt	FULL MAIDEN NAME	Inez Hood
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Wright-M.D.

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19....

Filed 6-11- 1913 Helen L. Smith
Registrar

..... Registrar

8-Y CO. 24655

JAN 3 1 1945

693-206-030-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Gilmore

No ____, ____ St.

Hospital ____

Registration District No 27 File No. 14284

Primary Registration District No. 263 Registered No. 27

FULL NAME OF CHILD Dora Margaret Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 6, 1913

FATHER		MOTHER	
FULL NAME	George R. Williams	FULL MAIDEN NAME	Sarah Blaser
RESIDENCE	Gilmore Ida.	RESIDENCE	Gilmore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Portage, Utah.	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), on the date above stated, at 10 32 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank O. Powell M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6/18 1913 Helen L. Smith Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

141-12-230-892 Duplicate

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 27 File No. 14285

Primary Registration District No. 2116 Registered No. 28

FULL NAME OF CHILD Walter Ames Adams

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural birth)			yes	May 21st 1913

FATHER		MOTHER	
FULL NAME	Harry Adams	FULL MAIDEN NAME	Lillie J. Hibbs
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Montana
OCCUPATION	Carpenter	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D.

(Physician ~~or Midwife~~)

Address Salmon Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-7 1913 Helen L. Smith

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

SEP 12 1972

765·124·030-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of 6 Mile So of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14286

Primary Registration District No. 2116 Registered No. 29

FULL NAME OF CHILD John G Pond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 24 1913

FATHER

FULL NAME: Frank Pond

RESIDENCE: 6 Miles So of Salmon Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ethel Clark

RESIDENCE: 6 Miles So of Salmon Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 630 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. J. Wright M.D

(Physician or midwife)

Address Salmon Ida

Filed 7-7- 1913 Helen L. Smith Registrar

S-Y CO. 24655

215-125-030-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 27 File No. 14287

Primary Registration District No. 2116 Registered No. 90

FULL NAME OF CHILD Lester Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			yes	June 25th 1913 (Month) (Day) (Year)

FATHER

FULL NAME Joseph Sanderson

RESIDENCE Salmon Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Arizona

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Laura Ramsey

RESIDENCE Salmon Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Murphy

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19....

Filed 7-7 1913 Helen L. Smith

Registrar

S-Y CO. 24655

Registrar

FEB 6 1942

SEP 30 1974

493101-030-364

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2nd File No. 14288

Primary Registration District No. 2116 Registered No. 81

FULL NAME OF CHILD Everett Eldridge Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	July 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac E. Miller	FULL MAIDEN NAME	Ora Loucks
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M on the date above stated.

(Signature) W. C. Whitwell M. D.

(Physician or midwife)

Address Salmon, Ida

Filed 7-7 1913 Helen L. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1975

-799-21-0003-743

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V[illegible] No. 15-D—20m-8-15-12

Registration District No. 11 File No. 14289

Primary Registration District No. 2047 Registered No. 165

FULL NAME OF CHILD Anna Alice Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 17 1913

FATHER		MOTHER	
FULL NAME	Alonzo Harmon Price	FULL MAIDEN NAME	Minnie Lyttle
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. W. W. Lewis

(~~Physician or~~ midwife)

Address McCammon Idaho

Given names added from a supplemental report

____ 19____

Ellis Kausler
Registrar

Filed July 10, 1913 Ellis Kausler
Registrar

M-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

224-118-64K-X36

PLACE OF BIRTH

County of Washington

City of Meadale

No. ..... St.

Hospital .....

Form [illegible] 10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14290

Primary Registration District No. 2113 Registered No. 102

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	May 18 — 1913

FATHER

FULL NAME Thostrup Kirk

RESIDENCE Meadale Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Charlotte M. Starband

RESIDENCE Meadale Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Washington

OCCUPATION House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt MD

(Physician or midwife)

Address Meadale Idaho

Given names added from a supplemental report

..... 19.....

Filed May 18 1913 F A Schmidt

S-Y CO. 20174

Registrar

Registrar

234-109-064-266

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Wilburns

No. ..... St.

Hospital .....

Registration District No. 26. File No. 14291

Primary Registration District No. 2115. Registered No. 100.

FULL NAME OF CHILD EDWARD CLARENCE STUTH ~~Stuth~~
Edward Stuth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 9 1913

FATHER	MOTHER
FULL NAME Frank E Stuth ~~Stuth~~	FULL MAIDEN NAME Mattie M Bowman
RESIDENCE Wilburns Ida	RESIDENCE Wilburns
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Idaho
OCCUPATION Ranch	OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Schmidt M D

(Physician or midwife)

Address Mineral Idaho

Given names added from a supplemental report

..... 19.....

Filed May 9 1913 T A Schmidt

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14291

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Stooth	Stuth
Name	Edward	Edward Clarence Stuth

Subscribed and sworn to before me this 20th day of July 1942

Mildred Keef
Notary Public, residing at Seattle, Wash

My commission expires Feb 24, 1945
(Seal)

Signed Frank Edward Stuth by Heather
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

J Bruck, Seattle Fire Dept.
1st S. of Horton Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

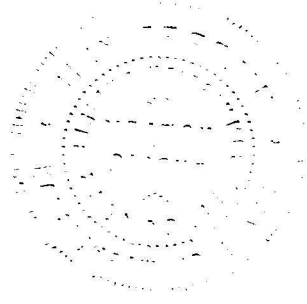
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 31 1942

FEB 11 1975

AUG 4 1942



765·215·044-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Medvale

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14292

Primary Registration District No. 2113 Registered No. 101

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Samuel T Good	FULL MAIDEN NAME	Lockie C Burton
RESIDENCE	Medvale	RESIDENCE	Medvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Carlina	BIRTHPLACE	Tenn
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician

(Physician or midwife)

Address Medvale Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1 1913 F A Schmidt Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1974

551-1061 003-665

PLACE OF BIRTH

Form V. S. No. 11-C [illegible] 12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 14293

No. ..... St.

Primary Registration District No. 2046

Registered No. 177

Hospital

FULL NAME OF CHILD Paul Rex Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 6 1913

FATHER

FULL NAME Chas W Evans

RESIDENCE Downey Ida

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Downey

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Owens

RESIDENCE Downey Ida

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Malad Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 4 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Lee Roe Evans MD

(Physician or midwife)

Address Downey, Ida

Filed June 19, 1913 Ellis Kanley
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kanley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1973

389-2061005-593

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

FULL NAME OF CHILD

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14294

Primary Registration District No. 2046 Registered No. 178

Sheila Dora Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 6 1913

FATHER	MOTHER
FULL NAME: David N. Christensen	FULL MAIDEN NAME: Mary M Ellertsen
RESIDENCE: Downey Idaho	RESIDENCE: Downey Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Newton Utah	BIRTHPLACE: Kasfjorden, Norway
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Lundsund

(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report

....., 19.....

Ellis Carey
Registrar

Filed June 19, 1913

Ellis Carey
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893.010.003-343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 14295

No. ..... St.

Primary Registration District No. 2046

Registered No. 176

Hospital .....

FULL NAME OF CHILD Alice Hellman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	June 10 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ira K. Hellman Jr	FULL MAIDEN NAME	Ruby Cutler
RESIDENCE	Swan Lake Ida	RESIDENCE	Swan Lake Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Downeyville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Andrus

(Physician or ~~midwife~~)

Address Downey Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed June 19, 1913 Ellis Kaney Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 4 1961

849-12-0003-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14296

Primary Registration District No. 2046 Registered No. 175

FULL NAME OF CHILD Hugh Quigley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	and	yes	June 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Andrew Quigley	Sarah Virginia Whitt
RESIDENCE	Swan Lake Idaho	Swan Lake Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	37
BIRTHPLACE	Clarkston Utah	Tazewell Co Virginia
OCCUPATION	Farmer	House keeper

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born June 22 Alive (Born alive or stillborn) at 4 o'clock 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Casey Registrar

(Signature) Elizabeth Kendall

Midwife (Physician or Midwife)

Address Oxford Idaho

Filed July 10 1913 Ellis Casey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 15 1968

23K/16-0003-685

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14297

County of Bannock

City of Robin

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. ____

Registered No. 167

FULL NAME OF CHILD Howard Wheeler Blanchard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 16 1913

FATHER		MOTHER	
FULL NAME	Eli Davis Blanchard	FULL MAIDEN NAME	Hazel E. Wheeler
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Eris Kaercy
Registrar

(Signature) Nancy E. Marley

(Physician or midwife)

Address Robin Bannock Co. Idaho

Filed July 10, 1913 Eris Kaercy
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1972

369-213-003-155

Amended 115/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14298
Local Reg. No. 71
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Robin

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Robin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Georgia b. (Middle): c. (Last): Christensen

4. SEX: female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 13, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Alvin b. (Middle): J. c. (Last): Christensen

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Clara b. (Middle): Adelia c. (Last): Jenkins

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Nancy E. Marley

19. ADDRESS: Robin, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 29 2 28 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 14298

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nettie Christensen (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1913 (Date of Event)
in Robin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Nettie Christensen	Georgia Christensen

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
October, 19 73

Notary Public, residing at Ogden, Utah
My commission expires Jan 9 1974
(Seal)

Signed Kelland W. Grange
(Signature of Any Credible Person)
KELLAND W. GRANGE
Public Accountant
(Street Address, City, State) 195 - 40th STREET — OGDEN, UTAH 84403

FORM DH 60-155 CL 5/15/73

Certificate of Birth from LDS Church gives name as Georgia Christensen born June 13, 1913. father's name given as Alvin J. Christensen.and the mother's name given as Clara Jenkins. entered on record June 19, 1921. Viewed by VS

Family record gives name as Georgia Christensen dauhhter of Alvin James and Clara J. [illegible] Christensen. born June 13, 1913 at Garden Creek, Blessed July 16, 1913 by Mack Christensen. Viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 14298

Primary Registration District No. 2046 Registered No. 166

FULL NAME OF CHILD Nettie Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 13 1912

FATHER		MOTHER	
FULL NAME	Alvin J. Christensen	FULL MAIDEN NAME	Clara Adelia Jenkins
RESIDENCE	Robin Idaho	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harvey E. Marley

(Physician or midwife)

Address Robin Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kasey Registrar

Filed June 10, 1913 Ellis Kasey Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1973
NOV 5 1973

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOSE, IDAHO.

911 208 003-454

Amended 2-7-69
Amended 7-25-61

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14299
Local Reg. No. 180
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Martha b. (Middle): Redford c. (Last): Maughan

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 8, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): Parkinson c. (Last): Maughan

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha b. (Middle): c. (Last): Redford

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Amended 7-25-61

(Be sure the information is complete and accurate)

State File No. 14299
Local Reg. No. 180
Reg. Dist. No. 11

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Martha b. (Middle): Redford c. (Last): Maughan

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): July 8, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): Parkinson c. (Last): Maughan

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha b. (Middle): c. (Last): Redford

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ellis Kackley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Soda Springs, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: July 10, 1913

20. REGISTRAR'S SIGNATURE: Ellis Kackley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred WITHIN 10 days after the date of birth of the ... to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

415-110-007-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14299

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 180

FULL NAME OF CHILD James Mouw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	July 10, 1913

FATHER		MOTHER	
FULL NAME	Wm. Mouw	FULL MAIDEN NAME	Martha Redford
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 2 P M. on the date above stated.

(Signature) Ellis Kanely

(Physician or ~~Midwife~~)

Address Soda Springs Idaho

Filed July 10 19 13 Ellis Kanely Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kanely Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

K

JUL 2 1963

FEB 7 1969

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of CARIBOU }

Certificate No. 14299

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Mann (Name on Original Certificate) who born (Was Born or Died) on July 10, 1913 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child & Sex	James Mann	Martha / Redford Maughan - Female
Date of Birth	July 10, 1913	July 8, 1913
Full Name of Father	Wm. Mann	William Maughan

Subscribed and sworn to before me this 21 day of May 1959

Della Brittenbacher
City Clerk
[illegible], residing at Soda Springs, Idaho
My commission expires
(Seal)

Signed Martha Maughan (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

191-North 1st East Soda Springs Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CARIBOU }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of May 1959

Della Brittenbacher
City Clerk
[illegible], residing at Soda Springs, Idaho
My commission expires
(Seal)

Signed Ethel M. Jones
(Signature of Any Credible Person)

150 N. 1st East Wellsville Utah
(Street Address, City, State)

FORM DPH 55. 155 L 2-11-59. nm

Statement from L.D.S. Church Records, Lynn Petersen, Ward Clerk, Soda Springs, Idaho First Ward - states "The records of the Church of Jesus Christ of Latter-Day Saints show that Martha Redford Maughan was born on July 8, 1913 at Alexander, Idaho to William P. Maughan and Martha Redford.-Original date of entry, November 14, 1913." - statement viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Sept. 4, 1921 gives full name of child as Martha Redford Maughan, daughter of William P. Maughan and Martha Redord, born July 8, 1913 at Alexander, Idaho - viewed by V.S.

L.D.S. Church Cert. of Blessing, March 3, 1935 gives full name of child as Carrol Dean Harris, born Dec. 25, 1934 at Soda Springs, Idaho to Denton W. Harris and Martha Redford Maughan - viewed by V.S.

Transfer Certificate of High School Credits-Soda Springs High School, Soda Springs, Idaho-1927 to 1932-graduated May 14, 1932 gives full name of student as Martha Maughan, born July 8, 1913 at Davisville, Idaho and parents names as Mr. and Mrs. William Parkinson Maughan - viewed by V.S.

Another Child's Birth Certificate on file: (Idaho Birth) #55213 gives full name of father as Wm. Parkinson Maughan - viewed by V.S.

Own Child's Birth Cert. on file (Idaho Birth) #227921 gives full maiden name of mother as Martha Maughan - viewed by V.S. to show sex -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JAN 28 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 14299

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martha Redford Maughan (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1913 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Age	28	27
Mother's Age	24	27

Subscribed and sworn to before me this 23rd day of January, 1969

Notary Public, residing at Soda Springs Idaho 83276
My commission expires 12/22/70
(Seal)

Signed Martha R Maughan wife
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1969

Notary Public, residing at Soda Springs, Idaho
My commission expires 4-1-71
(Seal)

Signed Della Bretenbecker
(Signature of Any Credible Person)

Soda Springs, Idaho 83276
(Street Address, City, State)

FORM DH 60-155 CL 12-16-68. nm

Abstract of Marriage Record, State of Utah, dated January 9, 1969 gives the bride's name as Martha Dell Radford and lists her age to be 20. Date of marriage was September 6, 1906. Marriage recorded in Book 5, marriage license No. 184 in Cache County, Utah. Viewed by V.S.

Photocopy of Baptismal Certificate dated December 6, 1959 certifies that Martha Redford Maughan was born June 1, 1886 at Wellsville, Cache Co., Utah. (L.D.S. certificate) - viewed by V.S.

Photocopy of L.D.S. Baptismal Certificate dated January 31, 1960 certifies that William P. Maughan was born March 10, 1886 at Wellsville, Cache Co., Utah. Viewed by V.S.

Photocopy of death certificate from State of Idaho, State File #61-603, gives date of birth as March 10, 1886 for deceased--William Parkinson Maughan - viewed by V.S.

86210700 3389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14300

Primary Registration District No. 2048 Registered No. 181

FULL NAME OF CHILD Ellis Hopkins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	July 7, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. E. Hopkins	FULL MAIDEN NAME	Mary Christensen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wales	BIRTHPLACE	Denmark
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaucy

..... (Physician or ~~Midwife~~)

Address Soda Springs

Filed July 10, 1913 Ellis Kaucy Registrar

Given names added from a supplemental report

....., 19.....

Ellis Kaucy Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

659-216: 003-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Treasureton

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14302

Primary Registration District No. 2048 Registered No. 173

FULL NAME OF CHILD Dorris Feild

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 16 1913

FATHER		MOTHER	
FULL NAME	William Davis Feild	FULL MAIDEN NAME	Margaretta Moran
RESIDENCE	Treas	RESIDENCE	Treasureton
COLOR	White	AGE AT LAST BIRTHDAY (Years) 40	COLOR White	AGE AT LAST BIRTHDAY (Years) 40
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaufy
Registrar

(Signature) Mary Longgreen
Mid wife
(Physician or midwife)

Address Treasureton Ida.

Filed July 16 1913 Ellis Kaufy
Registrar

S-Y CO. 20174

JUL 20 1967

2 mons BIRTH

493 J14 005 986

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. ____ St.

Hospital ____

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 14303

Primary Registration District No. 2048 Registered No. 174

FULL NAME OF CHILD Estella Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Angus Miles	Vesta Elmina Thompson
RESIDENCE	Thatcher	Thatcher Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Escalanta Piute Utah	Giles Wayne Co Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kanly
Registrar

(Signature) Mary Landgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Filed July 10, 1913 Ellis Kanly
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 27 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

238210 1003-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

Registration District No. 11 File No. 14304

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 172

Hospital ____

FULL NAME OF CHILD Norma Adelia Schwieder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur W. Schwieder	Louella Keller
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	28
BIRTHPLACE	Minnesota	Mink Creek
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

S-Y CO., 16670

(Signature) Serena Christensen

Mid wife (Physician or Midwife)

Address Mink Creek, Idaho

Filed July 10, 1913 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

819 Ho. 003-271

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-(1)—20m-8-15-22

Registration District No. 11 File No. 14305

Primary Registration District No. 2048 Registered No. 171

FULL NAME OF CHILD Bartholomew Harrison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leroy Harrison	FULL MAIDEN NAME	Lillie May Packman
RESIDENCE	Bancroft	RESIDENCE	Bancroft,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. K. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kardy Registrar

Filed July 10, 1913 Ellis Kardy Registrar

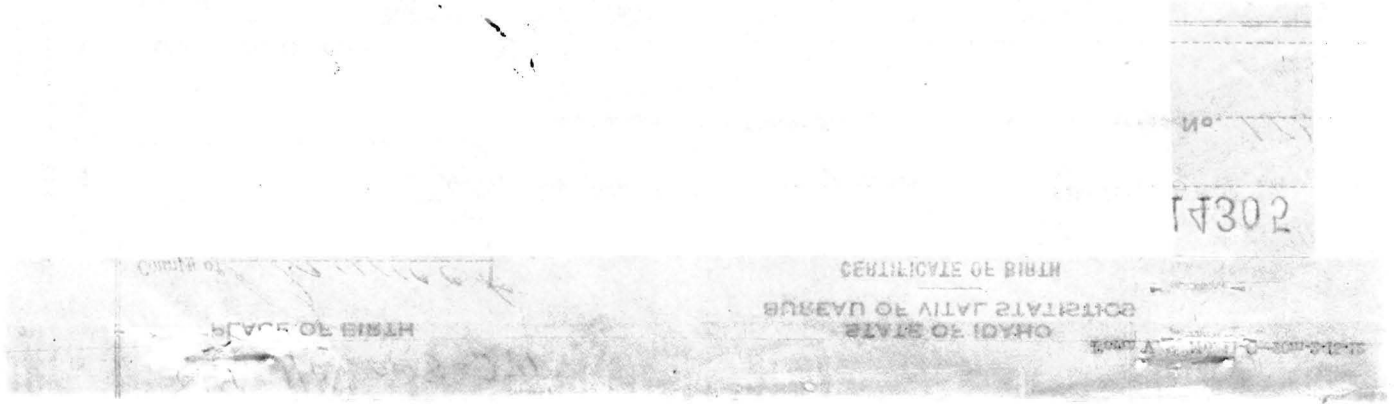
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/13/41 L. B.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 14305
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Roswell Harrison (Name on original certificate) who was born (Was born or died) on June 10, 1913 (Date of event)
in Bancroft, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by personal knowledge (Bible record, insurance policy, etc.) prepared on June 13, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of son	Roswell Harrison	Bartholomew Harrison
Name of mother	Olive Spackman	Lillie May Spackman

Subscribed and sworn to before me this 13th
day of June, 1941
Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Lillie May Spackman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Lava Hot Springs, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of June, 1941
Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Gilbert Harrison
(Signature of any credible person other than the previous affiant)
Lava Hot Springs, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

DEC 2 9 1965

995-108 003-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 11 File No. 14306

No. ____ St.

Primary Registration District No. 2048 Registered No. 170

Hospital

FULL NAME OF CHILD Robert Ramsey Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	June 8 1913

FATHER

FULL NAME: John B. Rice

RESIDENCE: Bancroft

COLOR: W AGE AT LAST BIRTHDAY: 62 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Charlotte A. Ramsey

RESIDENCE: Bancroft

COLOR: W AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

....., 19.....

Ellis Ramsey Registrar

Filed June 10, 1913 Ellis Ramsey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1970

NOV 28 1942

238-108-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 11 File No. 14307

Primary Registration District No. 2048 Registered No. 169

Hospital

FULL NAME OF CHILD Myrna Schneider

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 8 1913

FATHER		MOTHER	
FULL NAME	Ephraim Schneider	FULL MAIDEN NAME	Anna Nauven
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake Co	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaercher Registrar

Filed July 10 1913 Ellis Kaercher Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

035-16-003-318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

Registration District No. 11 File No. 14308

No. ____ St.

Primary Registration District No. 2048 Registered No. 168

Hospital ____

FULL NAME OF CHILD Dorothy Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 16, 1913

FATHER	MOTHER
FULL NAME Clinton P. Stewart	FULL MAIDEN NAME Sarah Lahoon
RESIDENCE Hatch	RESIDENCE Hatch
COLOR W AGE AT LAST BIRTHDAY 35 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Smith

(Physician or midwife)

Address Dawes N. Mex.

Given names added from a supplemental report

19 ____

Alice Kaercher Registrar

Filed July 10, 1913 Alice Kaercher Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

669218 1644-299

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] of Washington

City of Crane

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14309

Primary Registration District No. 2115 Registered No. 103

FULL NAME OF CHILD Minnie Belle Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	May 18 1913

FATHER	MOTHER
FULL NAME Wm F Ford	FULL MAIDEN NAME Lennie Belle Simmons
RESIDENCE Crane Ida	RESIDENCE Crane Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Schmidt M D (Physician or midwife)

Address Medical Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 18 1913 T A Schmidt Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 10 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14309

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Ford (girl child) (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1913 (Date of Event)

in Crane, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Minnie Belle Ford

Subscribed and sworn to before me this 27th day of April, 1966

Notary Public, residing at Nyssa, Oregon

My commission expires February 1, 1968

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of May, 1966

Notary Public, residing at Weiser, Idaho

My commission expires March 1, 1970

(Seal)

Signed Clarence Ford (Signature of Any Credible Person)

RT #1 Weiser Idaho (Street Address, City, State)

FORM DH 60-155 CL 7-16-65. nm

High School Diploma, Weiser, Idaho, dated May 16, 1933 gives full name as Minnie Belle Ford - viewed by V.S.

JUN 2 1966

Certificate of Marriage, married Aug. 14, 1935 at Weiser, Idaho gives full name of groom as James Calvin Hill and full name of bride as Minnie Belle Ford - viewed by V.S.

VSI-22710 44962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadow

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14310

Primary Registration District No. 2113 Registered No. 104

FULL NAME OF CHILD HAZEL IDAHO DEATON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 29 1913

FATHER		MOTHER	
FULL NAME	Willis Deaton	FULL MAIDEN NAME	Retta M. Roberts
RESIDENCE	Meadow Idaho	RESIDENCE	Meadow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Schmidt M.D.

(Physician or midwife)

Address Meadow Idaho

Given names added from a supplemental report

..... 19.....

Filed May 31 1913

..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 14310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Deaton (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on August 18, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hazel Idaho Deaton

Subscribed and sworn to before me this 18th day of August, 19 42.

Notary Public, residing at Emmett, Idaho

My commission expires October 13, 1944
(Seal)

Signed Retta Deaton mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 1, Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 18 1942

SEP 1 1942

AUG 2 1 1942

JAN 1 5 1976

293-120-044-469

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Mcdvall

No. _____ St.

Hospital _____

Registration District No. 26 File No. 14311

Primary Registration District No. 2113 Registered No. 105

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mall			Yes	May 30 1913

FATHER		MOTHER	
FULL NAME	Cyrus Marvin Kilborn	FULL MAIDEN NAME	Mary Etta Morris
RESIDENCE	Mcdvall Ida	RESIDENCE	Mcdvall Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D

(Physician or midwife)

Address Mcdvall Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 31 19 13 F A Schmitz Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-17-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

File No.

Registration District No.

COPY

165-112-044918

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 14312

Primary Registration District No. 113 Registered No. 106

FULL NAME OF CHILD VINCENT LEO JONES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	June 17 1913

FATHER	MOTHER
FULL NAME Woodson A Jones	FULL MAIDEN NAME Clara Ray
RESIDENCE Midvale	RESIDENCE Midvale
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Missouri
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmuck MD

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 F A Schmuck Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

FEB 11 1942

Certificate No. 14312

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Vincent Leo Jones

Subscribed and sworn to before me this 9th day of February, 19 42.

E. R. Ortleff
Notary Public, residing at Dallas, Oregon.
My commission expires September 20, 1942.
(Seal)

Signed Mrs Clara Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

514 Main Street, Dallas, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Polk }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

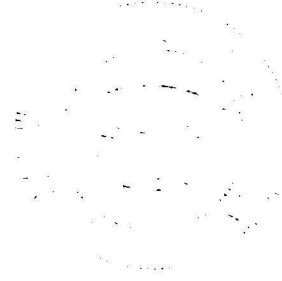
Subscribed and sworn to before me this 9th day of February, 19 42.

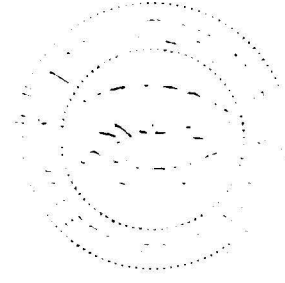
E. R. Ortleff
Notary Public, residing at Dallas, Ore
My commission expires Sept 20 1942
(Seal)

Signed Ben Cravens
(Signature of Any Credible Person Other Than Previous Year)

Dallas, Oregon
(Street Address, City, State)

FEB 13 1942





28-22 4 104K-266

PLACE OF BIRTH

County of Washington

City of Medall

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 14313

Primary Registration District No. 2113 Registered No. 107

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 24 1913

FATHER	MOTHER
FULL NAME Arthur B Shaw	FULL MAIDEN NAME Martha Bowen
RESIDENCE Medall	RESIDENCE Medall
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oregon
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Address Medall

Given names added from a supplemental report

____ 19____

____ Registrar

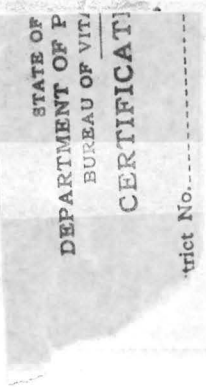
Filed Jan 20 1913 F A Schmidt Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 6 1968

263-226 04319

PLACE OF BIRTH

County of Washington

City of Crane

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26. File No. 14314

Primary Registration District No. 2113 Registered No. 108

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 26 1913

FATHER	MOTHER
FULL NAME Geo Bolin	FULL MAIDEN NAME Pearl Carroll
RESIDENCE Crane	RESIDENCE Crane
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mo	BIRTHPLACE Washington
OCCUPATION Rancher	OCCUPATION Houst Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born dead~~ Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 30 1913 F. A. Schmidt Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

998

33a/104-04x132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. W. 4th, Street

Registration District No. 26 File No. 14315

Primary Registration District No. 1010 Registered No. 109

Hospital John.

FULL NAME OF CHILD ~~Fayette~~ Burrus Lloyd Jr.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	and 1	Yes	6 4 19[illegible]

FATHER	MOTHER
FULL NAME: Fayette Burrus Lloyd	FULL MAIDEN NAME: Jessie Abigail Atkinson
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Illinois
OCCUPATION: Real Estate	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Thurley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 5th 1912 M. R. Hamilton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

235.104.04X 314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Kusin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14316

Primary Registration District No. 2112 Registered No. 110

FULL NAME OF CHILD Charles Donald Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	June 1 1913

FATHER		MOTHER	
FULL NAME	Chas Stuart	FULL MAIDEN NAME	Myrtle Lamb
RESIDENCE	Kusin Idaho	RESIDENCE	Kusin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	San Francisco Cal	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boon alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Valentine

Physician (Physician or midwife)

Address Kusin Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 6th 1913 W. R. Hamilton Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1972

2- STUART

NOV 29 1941

613-205-044-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. N 3rd St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14317

Primary Registration District No. 1010 Registered No. 111

FULL NAME OF CHILD Ruby Waldrop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 5th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Waldrop	Florence Bennett
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	55	32
BIRTHPLACE	Indiana	Oregon
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 14 1913 W. R. Hamilton

Registrar

SVMS - YORK CO., PTRS. & BDRS 17826

FEB 6 1942

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

999

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-106, 04X 693

PLACE OF BIRTH

Form V. S. No. 10C—10m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Heights St.

Hospital

Registration District No. 26 File No. 14318

Primary Registration District No. 2112 Registered No. 12

FULL NAME OF CHILD Karl Edgar Keyes

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	#		1	Yes	6	6	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Karl L. Keyes	FULL MAIDEN NAME	Salome Williams
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Civil Engineer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl D. Whitney

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser, Idaho.

Filed Jun 7th 1913 M. R. Hamilton

Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. U-D—20m-9-45-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

957-207-046-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 26 File No. 14319

Primary Registration District No. 2112 Registered No. 113

R.F.D.

FULL NAME OF CHILD Nina Eva Ingram

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	June 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Manley Ingram	FULL MAIDEN NAME	Edith Levander
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser Meadows Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pomona Missouri	BIRTHPLACE	Meadows Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 30th 1913 W. R. Hamilton

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO — BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg — Registration District No. 26 — File No. 14320

No. ____ St. ____

Primary Registration District No. 1012 — Registered No. 114

Hospital ____

FULL NAME OF CHILD Lila Wisdom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Wisdom	Eva Haverfield
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Honsides Oregon	Hermitage Missouri
OCCUPATION	Grocery Clerk	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed June 30th 1913 — M. R. Haemelt Registrar

S-Y CO. 20174 — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1320

PLACE OF BIRTH

County of Washington

City of Weiser

JUL 16 1958

AUG 13 1942

PLACE OF BIRTH

Form V. S. No. 1130 20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser (Mann Creek)

Registration District No. 26 File No. 14321

No. ____ St.

Primary Registration District No. 2112 Registered No. 115

Hospital ____

FULL NAME OF CHILD Bernice Wishart

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)	4	yes	June 20 1913

FATHER	MOTHER
FULL NAME Harry C. Wishart	FULL MAIDEN NAME Hattie Shinkle
RESIDENCE Weiser (R.D. 2)	RESIDENCE Weiser (R.D. 2)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Kansas	COLOR White
OCCUPATION farmer	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE Kansas
	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 8-20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkhouse
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed June 22 1913 W. P. Lauckhart
Registrar

8-Y CO. 20534 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

993-121-44-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14322

Primary Registration District No. 1010 Registered No. 116

FULL NAME OF CHILD Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	June 21 1913

FATHER		MOTHER	
FULL NAME	Paul Rich	FULL MAIDEN NAME	Ottie Smith
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Joseph Oregon	BIRTHPLACE	La Grande Oregon
OCCUPATION	Civil Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Physician

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed June 30th 1913 W. R. Hamilton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form VS-1 11-0-20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

316-222-04X693

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14323

Primary Registration District No. 1010 Registered No. 117

(City)

FULL NAME OF CHILD Ruth Lafferty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	June 22 1913

FATHER		MOTHER	
FULL NAME	Jacob B. Lafferty	FULL MAIDEN NAME	Zella Williams
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Farber Missouri	BIRTHPLACE	Weiser Idaho
OCCUPATION	Forest Ranger (Farmer)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 30th 1913 W. R. Hamilton Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1942

APR 9 1943

JUN 28 1961

719-123-044-537

PLACE OF BIRTH

County of Washington

City of Weiser

No. W. 7th & N. Main St.

Hospital

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14324

Primary Registration District No. 1010 Registered No. 114

FULL NAME OF CHILD HERBERT RUSSELL Parrent

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	June 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry B. Parrent	Maud Ella
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Oregon	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkhouse

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 24th 1913 W. B. Hamilton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 14524

Date Filed: APR 9 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth for Herbert Russell Parent who was born on ..... in ..... are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... prepared on June 23, 1913, are:

(BIRTH OR DEATH) (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) (PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Parrent	Herbert Russell Parrent

Subscribed and sworn to before me this 4th day of April, 19 42

Notary Public, residing at Emmett, Ida.

My commission expires 9-14-1944

(SEAL)

Signed Harry Erskine Parrent

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Midvale, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 14 1942

1000

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PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 241 W. Main St.

Hospital

Registration District No. 26 File No. 14325

Primary Registration District No. 1010 Registered No. 119

FULL NAME OF CHILD Nina Varian

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	3	Yes	6 29 1913

FATHER	MOTHER
FULL NAME: Bertram S. Varian	FULL MAIDEN NAME: Inez Trent
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Nevada	BIRTHPLACE: Montana
OCCUPATION: Lawyer	OCCUPATION: House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl J. Shirley, MD

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 20 1913 W. R. Hamilton
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45 [redacted] 22-659

BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14326

Primary Registration District No. 2039 Registered No. 299

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 6 1913

FATHER		MOTHER	
FULL NAME	Jacob Metzger	FULL MAIDEN NAME	Rosa Kuhl
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	42
		BIRTHPLACE	Switzerland
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalena Walz

(Physician or midwife)

Address Rexburg Ida.

Filed July 10 19 13 Ray Hinkley Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

DUP OF 13-309964

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495 1/27.022-495

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14327

Primary Registration District No. 2039 Registered No. 298

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Karl Ming.	Mrs. Karl Ming.
RESIDENCE	Hibbard, I	Hibbard.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Utah.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalena Haly

(Physician or midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray McFie... M.D.

..... Registrar

Registrar

S-Y CO. 20175

Form V. S. No. 21—R

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

2 no mother

Form V. S. No. 11—10m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

719-25-022-44A

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14328

Primary Registration District No. 2039 Registered No. 338

FULL NAME OF CHILD Margaret Della Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 15 1913

FATHER		MOTHER	
FULL NAME	Ponley P. Parker.	FULL MAIDEN NAME	Minnie Miles.
RESIDENCE	Rexburg.	RESIDENCE	Rexburg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Home duties

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Emerson

(Physician or midwife)

Address Rexburg - Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 10 19 13 Ray H. Fisher
Registrar

8-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Salt Lake }

Certificate No. 14328

SEP 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Margaret Della Parker

Subscribed and sworn to before me this 22nd day of Sept 1942

Fred D. Velyson
Notary Public, residing at Midvale Utah

My commission expires June 21 - 1946
(Seal)

Signed Genevra Siddoway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Teton City Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed Parley Prat Parker
(Signature of Any Credible Person Other Than Previous Year)

Teton City Idaho
(Street Address, City, State)

OCT 1 1942

533-110-02-257

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14329

Primary Registration District No. 2039 Registered No. 339

FULL NAME OF CHILD Edwin LaVere Ellsworth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 10 1913

	FATHER	MOTHER
FULL NAME	Edmond Ellsworth	FULL MAIDEN NAME Ida Bezzet.
RESIDENCE	Rexburg	RFD Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY	21 (Years)	18 (Years)
BIRTHPLACE	Idaho.	Switzerland
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Brannan.

(Physician or Midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 10 1913 Ray A. Funk. M.D.
Registrar

8-Y CO. 20175

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—Rev. 6-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 23 12 53 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14329

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ellsworth (Name on Original Certificate) who was born (Was Born or Died) on June 10, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Edwin LaVere Ellsworth

Subscribed and sworn to before me this 18 day of
July 19 75
Elizabeth E. Madson
Notary Public, residing at Idaho Falls, Ida
My commission expires ELIZABETH E. MADSON
(Seal) Notary Public Residing at Idaho Falls, Idaho
My Commission Expires September 15, 1977

Signed Mrs. Betty Storer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1968 N. Palmer Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of
July 19 75
Elizabeth E. Madson
Notary Public, residing at Idaho Falls
My commission expires
(Seal) ELIZABETH E. MADSON
Notary Public Residing at Idaho Falls, Idaho
My Commission Expires September 15, 1977

Signed [illegible]
(Signature of Any Credible Person)
240 Bellin Road Idaho Falls Ida.
(Street Address, City, State)

FORM DH 60-155

Certif of Ordination from the LDS Church fro Holy Priesthood gives name as Edwin Ellsworth. dated Feb. 7, 1926. viewed by V. S.

JUL 2 9 1975

Family record gives name as Edwin LaVere Ellsworth [redacted], blessed Aug 3, 1913 and Baptized July 17, 1921. viewed by V. S.

Amended 4/24/73

962-105-022-282

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14330
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lyman
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lyman
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Wayne
b. (Middle): Lee
c. (Last): Robison

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 5, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Heber
b. (Middle): A.
c. (Last): Robison

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jennie
b. (Middle):
c. (Last): Bybee

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: K.A. Crisman

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rexburg

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 11 36 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 14330

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Robinson (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1913 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Robinson	Wayne Lee Robison
Father's name	Heber A. Robinson	Heber A. Robison

Subscribed and sworn to before me this 7th day of March, 19 73
Marjorie L. Kent
Notary Public, residing at Ennis, Montana
My commission expires Oct 10 1975
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ennis, Montana 59729
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 19 73
Marjorie L. Kent
Notary Public, residing at Ennis, Montana
My commission expires Oct 10 1975
(Seal)

Signed Jay P. Stillett
(Signature of Any Credible Person)
Ennis Montana 59729
(Street Address, City, State)

FORM DH 60-155 CL 2/23/73

Honorable Discharge from the U.S. Marine Corps. gives name as Wayne Lee Robison. Dated October 17, 1945. Viewed by V. S.

Selective Risk Application for Insurance, Great Northwest Life Insurance Co gives name as ~~W~~ Wayne Lee Robison. born June 5,1913. dated Aug. 4, 1941. Viewed by VS

Sister birth certificate on file in Idaho (#352884) gives father's name as Heber Alvin Robison and mother's name as Jennie Bybee. Born May 31, 1921. Viewed by V. S.

Form V. S. No. 11—10m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 1433

Primary Registration District No. 2039 — Registered No. 337

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum A. Robinson	Jennie Byer.
RESIDENCE	Lyman.	Lyman.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Robinson

(Physician or midwife)

Address Rexburg Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 Ray B. Fisher M.D. Registrar

S-Y CO. 20175

FEB 23 1973

APR 27 1973

Amended 9/11/72

685-105-022-239

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14331
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Herbert
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Herbert
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eugene
b. (Middle): Woodrow
c. (Last): Wynn

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb. 5, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): G.
b. (Middle): B.
c. (Last): Wynn

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
49 YEARS	Iowa	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Cora
b. (Middle): E.
c. (Last): Straight

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
39 YEARS	Iowa	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Rosa Pfost

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Rexburg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

6-7-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 3 11 35 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14331

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for E. W. Wyman (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1913 (Date of Event)

in Herbert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	E. W. Wyman	Eugene Woodrow Wynn
FATHER'S name	G. B. Wyman	G. B. Wynn
		Woodrow

Subscribed and sworn to before me this 2 day of August, 1972

Grace E. Butler
Notary Public, residing at Enaville, Oregon
My commission expires 3/30/76
(Seal)

Signed Eugene Woodrow Wynn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

C.C. rec'd rec # 38977

Certif. of Blessing from LDS Church gives name as Eugene Woodrow Wynn son of George B. Wynn and Cora E. Straight. Born Feb. 5, 1913. Was Blessed April 6, 1913. Viewed by V. S.

Certificate of Blessing from LDS Church givesname as Alden Chapin Wynn son of Eugene Woodrow Wynn and Edith Snarr. Born January 9, 1940. Was Blessed March 3, 1940. Viewed by V. S.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Herbert

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14331

Primary Registration District No. 2039 Registered No. 346

FULL NAME OF CHILD E. W. Wyman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME	L. B. Wyman	FULL MAIDEN NAME Cora E. Straight
RESIDENCE	Herbert	RESIDENCE Herbert
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	49	39
BIRTHPLACE	Iowa	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosa Pfost

(Physician or midwife)

Address Herbert

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 Registrar

Registrar

S-Y CO. 20175

JUN 7 1972

AUG 1 1 1972

E OF ATTENDING PHYSICIAN OR MIDWIFE

h of this child, who was ..... , at ..... M.

(Born alive or stillborn)

693.205 - Amended 3-10-70

PLACE OF BIRTH

022 53 Fremont

County of Teton

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 16—40m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 14332

Primary Registration District No. 2039

Registered No. 351

FULL NAME OF CHILD Thelma Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	June 5, 1913

FATHER		MOTHER	
FULL NAME	A. F. Williams	FULL MAIDEN NAME	Emma Elliot
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Monfield

(Physician or midwife)

Address St. Anthony

Filed July 10 1913 Ray H. Fuss

Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y SO. 20175

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 16 1970

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)
	(To be answered only in event of plural birth)				

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR / AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Filed ..... 19.....

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 2075

1-21-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 4 1970
Bureau of Vital Statistics

State of Jerome } ss.
County of Idaho }

Certificate No. 14332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Williams (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1913 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Thelma Williams
Date of Birth	June 4	June 5, [redacted] 1913

Subscribed and sworn to before me this 27 day of January, 1970

Notary Public, residing at Jerome, Idaho

My commission expires 9/24/72

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature] (Street Address, City, State) 208 East D, Jerome, Idaho 83338

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of January, 1970

Notary Public, residing at Jerome, Idaho

My commission expires 9/24/72

(Seal)

Signed Ivadeen Watson (Signature of Any Credible Person)

116 East Ave D Jerome, Idaho (Street Address, City, State)

FORM DH 60-155 Corresp (W) fc

Certificate of Baptism and Confirmation from the LDS Church Jerome 2nd Ward, Gooding Stake dated June 29, 1922 gives child's name as Thelma Williams Prescott daughter of Adolph Francesca Willimas and Emma Littlewood Elliot. Born June 5, 1913 at Teton, ID. Signed by Ferguson N. Camp, Bishop. Viewed by V. S.

MAR 9 1970 MAR 10 1970

Certificate of Blessing from the LDS Church Jerome 2nd Ward, Gooding Stake gives child's name as Thelma Williams Prescott daughter of Adolph Francesca Williams and Emma Littlewood Elliot. Born June 5, 1913 Teton, Teton. Dated July 1913 Signed by Walter Riggs, and Ferguson N. Camp. Viewed by V. S.

35-124-022-193

PLACE OF BIRTH

Forms V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

Registration District No. 9

File No. 14333

No. _____ St.

Primary Registration District No. 2039

Registered No. 345

Hospital _____

FULL NAME OF CHILD Alexander A. Feathem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Apr. 24 1913

FATHER	MOTHER
FULL NAME A. S. Featham	FULL MAIDEN NAME Isabell Archibald
RESIDENCE Herbert	RESIDENCE Herbert
COLOR W	AGE AT LAST BIRTHDAY 35 (Years)
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosina P. Frost

(Physician or midwife)

Address Rexburg

Filed July 10 1913 Ray H. Fisher M.D.

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

OCCUPATION

533-125-022-631

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Registration District No. 9 File No. 14334

Primary Registration District No. 2039 Registered No. 343

Hospital

FULL NAME OF CHILD Dean Arvin Ellsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	6-25-13

FATHER		MOTHER	
FULL NAME	Claud Ellsworth	FULL MAIDEN NAME	Matilda Flamm
RESIDENCE	Rexburg	RESIDENCE	Rexburg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ida.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1409 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe.

(Physician or midwife)

Address Rexburg.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 19 13 Roy W. Finch Registrar

8-Y CO. 20175

11/2/40 L.B.

(Certificate of no value without f

(Number

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

10-31-41

269-223-022-3:8

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Armour

City of Burton

Registration District No. 9

File No. 14335

No. ____ St.

Primary Registration District No. 2039

Registered No. 344

Hospital ____

FULL NAME OF CHILD Alta Sorensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	6-23-1913

	FATHER	MOTHER
FULL NAME	Hans. Sorensen	Maggie Taylor.
RESIDENCE	Burton	Burton
COLOR	W	W
AGE AT LAST BIRTHDAY	30. (Years)	23 (Years)
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alvina M. Nelson

(Physician or midwife)

Address Rexburg - Ida.

Given names added from a supplemental report

....19....

Filed July 10 1913 Ray H. Fisher M.D.

Registrar

....Registrar

S-Y CO. 20175

JUN 23 1972

719-130-022-415

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14336

Primary Registration District No. 2039 Registered No. 342

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	6-30 1913

FATHER		MOTHER	
FULL NAME	Henry Parkinson	FULL MAIDEN NAME	Orzilla Davidson
RESIDENCE	Rexburg.	RESIDENCE	Rexburg.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29.	AGE AT LAST BIRTHDAY (Years)	24.
BIRTHPLACE	Utah.	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:55a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G.G. Esper M.D.

(Physician or midwife)

Address Rexburg.

Given names added from a supplemental report

....19....

Filed July 16 13 Ray A. Fisher

Registrar

S-Y CO. 20175

Registrar

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

692-127-022-993

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont Amended 10/28/75

City of Rexburg

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2039

File No. 14337

Registered No. 341

FULL NAME OF CHILD Clyde Ricks Fikstad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	6 — 27 — 1913

FATHER		MOTHER	
FULL NAME	John Henry Fikstad	FULL MAIDEN NAME	Annie Ricks.
RESIDENCE	Rexburg.	RESIDENCE	Rexburg.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Espr. MD

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 19 13 Mayo A. Fuks

Registrar

8-Y CO. 20175

9 16 75

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 27 3 53 PM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 14337

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Fikstad (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1913 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Clyde Ricks Fikstad
Fathers name	J. H. Fickstead	John Henry Fikstad

Subscribed and sworn to before me this 21st day of October, 19 75

Notary Public residing at Chula Vista Calif.
My commission expires WHITE 2-7-77

(Seal) NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Feb. 7, 1977

Signed Ida Mae Fikstad
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

681 Mira Chula Vista Ca 92010
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

OCT 2 8 1975

Church birth certificate , LDS Church , Clyde Ricks Fikstad born June 27, 1913 at Lyman, Idaho, Father John Henry Fikstad , mother Anne Ricks. Entered on record August 3, 1913.
Viewed by VS

Own childs birth certificate Dee Ann Fikstad born August 28,1940 , County of San Diego, Oceanside, California Dist. # 3760 Reg. # 142, gives fathers name as Clyde Ricks Fikstad.
Viewed by VS

294-113.022-469

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 14338

No. ____ St. — Primary Registration District No. 2039 — Registered No. 340

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	6 — 13 19[illegible]

FATHER		MOTHER	
FULL NAME	Isaac Simpson	FULL MAIDEN NAME	Elsie Morris
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Espe.

(Physician or midwife)

Address Rexburg

Filed July 10 19 13 Ray W. Fisher M.D. Registrar

Given names added from a supplemental report

.....19.....

..... Registrar

8-Y CO. 20175

Form V. S. No. 11—10m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

242-209. 022-154

PLACE OF BIRTH

County of Fremont.

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14339

Primary Registration District No. 2038 Registered No. 7-3

FULL NAME OF CHILD Phyllis E. Buster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes.	July (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	S. P. Buster	FULL MAIDEN NAME	Ethel Martha Anderson
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	St. Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Boucher

(Physician or midwife)

Address St. Anthony Ida.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray S. Fisher M.D.

..... Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Forms V. S. No. 11—rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jerome }

Certificate No. 14339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Buster (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1913 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Phyllis Ethel Buster
Full Maiden Name of Mother	Ethel Martha Auderas	Ethel Mattie Andres Andrus

Subscribed and sworn to before me this 17th day of September, 1964

Notary Public, residing at Jerome
My commission expires Nov 1 - 1966
(Seal)

Signed William Ferguson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Uncle)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of September, 1964

Notary Public, residing at Jerome Idaho
My commission expires Nov 1 - 1966
(Seal)

Signed H. D. Kerns
(Signature of Any Credible Person)

557 Jefferson W Twin Falls Idaho
(Street Address, City, State)
(Uncle)

FORM DH 60-156 CL 8-4-64. nm

Term Report card from Bliss High school gives name as Phyllis Buster.XXXXXXXXX
2nd year of highschool.viewed by V. S.

APR 29 1974

Application to Bankers Life and Casualty co, M chicago, Ill. gives name as Phyllis E. Lish. date od birth 7-9-13. dated Dec. 2, 1965. Viewed by V. S.

552-118-022-469

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Parker

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14340

Primary Registration District No. 2038 Registered No. 373

FULL NAME OF CHILD Oliver Alma Vest

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin David Vest	Mary Ann Morley
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	44
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher

H. H. Anthony (Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

Registrar

Filed July 10 1913 Ray H. Parker M.D. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1965

955.206.022-527

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14341

Primary Registration District No. 2038 Registered No. 322

FULL NAME OF CHILD Florence Jennie Reed

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes.	May 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. W Reed	FULL MAIDEN NAME	Jennie Esperseth.
RESIDENCE	St Anthony	RESIDENCE	St Anthony.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Miss.	BIRTHPLACE	Mont.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3.

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Boucher.

(Physician or midwife)

Address St. Anthony Idaho

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray H. Reed

Registrar

..... Registrar

8-Y CO. 20175

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1-13-1941

236-202-002-918

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

unty of Fremont

y of St. Anthony St.

spital

Registration District No. 4 File No. 14342

Primary Registration District No. 2038 Registered No. 354

ILL NAME OF CHILD

ex of hild F	Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 6-2 (Month) (Day) 191-3 (Year)	

	FATHER	MOTHER
ULL AME	John Block	FULL MAIDEN NAME Maud Raybold.
ESIDENCE	St. Anthony	RESIDENCE St. Anthony
OLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 34 (Years)
THPLACE	Idaho	BIRTHPLACE Utah
CUPATION	Collector	OCCUPATION Housewife

er of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield
(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 10 19 13 Ralph H. Fisher
Registrar

-Y CO. 20178

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DUP OF 1913 D 52-2904

Registered No.

Primary Registration District No.

St.

No.

Hospital

168-203-022-66f

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

nty of Fremont

y of St. Anthony St.

Registration District No. 9

Primary Registration District No. 2038

File No. 14343

Registered No. 353

spital

ULL NAME OF CHILD Gladys Johnson

ex of child 7 | Twin Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth June 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
ULL NAME	John Johnson.	FULL MAIDEN NAME	Alma Woodfield.
ESIDENCE	St. Anthony.	RESIDENCE	St. Anthony.
OLOR	W.	AGE AT LAST BIRTHDAY (Years)	35
		COLOR	W.
		AGE AT LAST BIRTHDAY (Years)	28
ITHPLACE	Sweden.	BIRTHPLACE	Utah.
CCUPATION	Farmer.	OCCUPATION	Housewife.

er of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

M. Anthony (Physician or Midwife)

Given names added from a supplemental report

.....19.....

Registrar

Address .....

Filed July 10 1913 Ray D. Finch Registrar

3-Y GD. 20175

FULL NAME OF CHILD (Certificate of no value without full name of child.)					
Sex of	Twin / Triplet	and	Number in order	Legiti-	Date of birth

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS NOV 30 11 42 AM '73

State of Utah } ss.
County of Box Elder

Certificate No. 14343

Date Filed

The undersigned does solemnly swear that certain facts on the birth certificate of (Birth or Death)
for Unnamed Johnson (female) who was born on June 3, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in St. Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church Record - Marriage, prepared on Nov 14 - 73, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Gladys Johnson

Subscribed and sworn to before me this 30th day of
Nov., 1973

Notary Public, residing at Brigham City, Utah
My commission expires Jan 6, 1974
(Seal)

Signed Almina Johnson - Mother
Gladys Johnson Singleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of
December, 19 73

Notary Public, residing at Brigham City
My commission expires Sept. 1, 1977
(Seal)

Signed Homer H. Miller
Gladys Singleton
(Signature of Any Credible Person)

140 N. Main Brigham City Utah
(Street Address, City, State)

FORM DH 60-155 GL 9/12/73 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Gladys Johnson Singleton daughter of John F. Johnson and Almina S. Woodfield. Born June 3, 1913. Was Baptized June 5,1921. Viewed by V. S.

DEC 14 1973

Marriage License & Marriage Certificate. from Idaho gives name of groom as Wayne Singleton and the bride's name as Gladys Johnson. Viewed by V. S.

415-805-022-993

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

unty of Fremont

ty of St. Anthony

t. St.

spital

Registration District No. 9 File No. 14344

Primary Registration District No. 2038 Registered No. 352

ULL NAME OF CHILD Wilma Ann Davis

ex of child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
7			Yes	6-5-13

	FATHER	MOTHER
FULL NAME	Wm. Alva Davis.	FULL MAIDEN NAME Anne Rice.
RESIDENCE	St. Anthony	St. Anthony.
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Utah.
OCCUPATION	Bank Cashier.	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M.
(Born alive or Stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Monfils

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

19

Registrar

Filed July 10 1913 Ray S. Finks
Registrar

Y CO. 20

OCCUPATION | OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., **at**.....
on the date above stated. (Born alive or stillborn)

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NAME OF CHILD

Form 7.3-Mod-11-Rev-8-17 mas

515-225-022-364

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

unty of Fremont

ty of St. Anthony

o. ( ) St.

spital

Registration District No. 9 File No. 14345

Primary Registration District No. 2038 Registered No. 30

ULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂			Yes.	6-25-13

	FATHER	MOTHER
FULL NAME	James Hansen	FULL MAIDEN NAME Kate Tolt.
RESIDENCE	St. Anthony	RESIDENCE St. Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	39 (Years)	31 (Years)
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

....., 19.....

Filed July 10 19 13 Ralph Tibbs M.D.

Registrar

Registrar

S-Y CO. 20175

BIRTHPLACE

BIRTHDAY

(Years)

BIRTHPLACE

DUP OF 13-343281

153-224-022-168

PLACE OF BIRTH

nty of Fremont

y of Wilford

St.

spital

Form V. S. No. 11—Jan. 8 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14346

Primary Registration District No. 2038 Registered No. 349

FULL NAME OF CHILD

ex of child F. | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth June 27 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Wrelton.	FULL MAIDEN NAME	Mamie Johnson
RESIDENCE	Wilford	RESIDENCE	Wilford.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	29
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 12:09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or Midwife)

Address St. Anthony

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 10, 1913 Ray Hinks
Registrar

S-Y CO. 20178

What bacteriocidal solution was used in eyes?.....

Number of child of this mother, including present birth.....

Number of children of this mother now living, including pre

MOTHER

(Month)

(of birth

or other?
(To be answered only in event of plural births)

493-206-022-296

PLACE OF BIRTH

Form V. S. No. 12—10m-8-12-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Porter.

No. _____ St.

Hospital _____

Registration District No. 9 File No. 14347

Primary Registration District No. 2038 Registered No. 348

FULL NAME OF CHILD Blanche Levon Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Mar 6 1913

FATHER		MOTHER	
FULL NAME	D. G. Miller Jr.	FULL MAIDEN NAME	Sarah Brower
RESIDENCE	Porter.	RESIDENCE	Porter.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Boucher Sr.
(Physician or midwife)

Address Dr. Anthony

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1913 Ray B. Fish
Registrar

S-Y CO. 20175

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

FATHER

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

PLACE OF BIRTH

STATE OF IDAHO

APR 6 1944

454-22-022-46.5

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 14348

No. ____ St. Primary Registration District No. 2138 Registered No. 347

Hospital ____

FULL NAME OF CHILD Edna Louis Dedman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	5/24/1913

FATHER		MOTHER	
FULL NAME	C. K. Dedman	FULL MAIDEN NAME	Eliz Mormon
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 8.15a. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. E. Boucher.

(Physician or midwife)

Address St. Anthony

Filed July 10 1913 Ray St. Finch Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AGE AT LAST

RESIDENCE

COLOR

291-018-022-255

PLACE OF BIRTH

County of Fremont

City of Clawson

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14349

Primary Registration District No. 2037 Registered No. 334

FULL NAME OF CHILD WILLIAM S. BRADLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 18 1913

FATHER		MOTHER	
FULL NAME	James Bradley	FULL MAIDEN NAME	Mary Deeley.
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David Keith
(Physician or midwife)

Address Driggs

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 19 13 J. Ray Hinkins Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH:

STATE OF IDAHO
OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Emery } ss.

Certificate No. 14349

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William S Bradley (Name on Original Certificate) who Born (Was Born or Died) on May 18th 1913 (Date of Event)
in Lawson Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on December 10-1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William S. Bradley

Subscribed and sworn to before me this 31
day of August, 1942.

Signed James D Bradley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Huntington Utah

My commission expires May 1, 1943.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

SEP 3 1942

SEP 20 1976

813-204 022-799

PLACE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-13

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14350

Primary Registration District No. 2037 Registered No. 332

FULL NAME OF CHILD Veda Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	2nd	Yes.	May 4 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion Hatch.	Jean Rice
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Housework Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

..... 19.....

Filed July 10 19 13 Ray H. Funk, M.D.

Registrar

Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

8(3-24-022-799

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital

Registration District No. 9

File No. 14351

Primary Registration District No. 2037

Registered No. 331

FULL NAME OF CHILD Verna Hatch

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1st	Yes.	May 14 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Monroe Hatch	Jean Price
RESIDENCE	Victor.	Victor
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah.	Utah
OCCUPATION	merchant	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 3.10 P. M. on the date above stated.

(Signature) Ora D. Keith

(Physician or midwife)

Address Dr.

Filed July 10. 1913 Ray St. Clair M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

555 212 · 022 - 995

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14352

Primary Registration District No. 2037 Registered No. 333

FULL NAME OF CHILD Aleta Neefes.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 12 1913

FATHER		MOTHER	
FULL NAME	Adolph Neefes.	FULL MAIDEN NAME	Emilia Rinderknecht
RESIDENCE	Driggs.	RESIDENCE	Driggs.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah.
OCCUPATION	Mason	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira D. Keith

(Physician or midwife)

Address Driggs

Filed July 10 1913 Ray H. Fisher M.D.
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP OF 13-343831

4/5-119: c.22-218

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14353

Primary Registration District No. 2037 Registered No. 331

FULL NAME OF CHILD Jensen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes.	May 19. (Month) (Day) 1913

	FATHER	MOTHER
FULL NAME	John. David.	FULL MAIDEN NAME Ida Bell Kay.
RESIDENCE	Victor.	RESIDENCE Victor.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE Utah
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1,1409 M. on the date above stated.
(Born alive or stillborn)

(Signature) Ora J. Keith.

(Physician or midwife)

Address Driggs

Filed July 10 1913 Ray St Fisk M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BIN. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 FATHERS LAST NAME IS JENSEN

266-21-072-865

PLACE OF BIRTH Amended 7/10/79

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs.

No. _____ St.

Hospital _____

Registration District No. 9

Primary Registration District No. 2037

File No. 14354

Registered No. 336

FULL NAME OF CHILD Lucy Bowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	June 8 1913

FATHER		MOTHER	
FULL NAME	Louis J. Bowen	FULL MAIDEN NAME	Addie Honey
RESIDENCE	Driggs.	RESIDENCE	Driggs.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Utah
		OCCUPATION	Maths.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Brasley

(Physician or midwife)

Address Driggs or Bridger.

Given names added from a supplemental report

..... 19.....

Filed July 10 19 13 Ray H. Finks MD

Registrar

..... Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 12 56 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 15354
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bowen (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 18, 1913 (Date of Event)

in Driggs, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Bowen	Lucy Bowen

Subscribed and sworn to before me this 22ND day of June, 1979

Notary Public, Reese McMurdie

Residing at Logan Utah

My commission expires 3/6/81

(Seal)

x Lucy Bowen Foraberg
Signature of Applicant

444 EAST 7TH South Logan Utah 84321
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND day of June, 1979.

Notary Public, Reese McMurdie

Residing at Logan Utah

My commission expires 3/6/81

(Seal)

x Ilona Bowen Jolley
Supporting Signature

691 So 6th E. Logan, Utah 84321
Street Address, City, State

CL 6/13/79 RUSH

JUL 10 1979

First Baptism Certif gives name as Lucy Bowen. dated June 6, 1922 at Logan, Temple. Elder George Done and Thomas Morgan. viewed bu V. S.

Marriage license from Utah, County of Cashe, gives names as David Fredrick Forberg and Lucy Bowen. dated Oct 16,1939. viewed by V. S.

434-104-322-445

amended 8/5/80

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Clawson

No. / St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14355

Primary Registration District No. 2037 Registered No. 325

FULL NAME OF CHILD Alton McDaniel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse McDaniel	Myrtle Dunsdun
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

(Physician or midwife)

Address Dayton Ida

Given names added from a supplemental report

..... 19.....

Filed July 10 19 15 Ray H. Tucker

Registrar

S-Y CO. 20175

Registrar

7-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 29 12 10 PM '80

State of _____
County of _____ } ss.

Certificate No. 14355
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed McDonald (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 4, 1913 (Date of Event)

in Clawson (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed McDonald	Alton McDaniel
fathers name	Jesse McDonald	Jesse Sylvester McDaniel

Subscribed and sworn to before me this 24 day of July, 1980

Notary Public Orval E Cook
Residing at Blackfoot Idaho
My commission expires Life
(Seal)

Alton McDaniel
Signature of Applicant
Rt 3 Box 166 Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of Idaho
County of Bingham } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of July, 1980

Notary Public Orval E Cook
Residing at Blackfoot Idaho
My commission expires Life
(Seal)

Merlin E Bracey
Supporting Signature
Rt 3 Box 155 Blackfoot Idaho
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Alton McDaniel son of Jesse Sylvester McDaniel and Myrtle Annie Dunsdon. born June 4, 1913 at Clawson, Idaho. Blessed Sept 7, 1913. viewed by V. S.

AUG

Application to Nationwide Life Ins. Co. , Pacific Supply Cooperatves gives nameas Alton McDaniel born [illegible].June 4, 1913. dated Jan 6. 1977 viewed by V. S.

Own child's birth certif on file in Idaho gives name as Carol Audrey McDaniel born Sept 13, 1962 #file No. 62-11134 gives father's name as Alton McDaniel and mother's name as Marie brown. viewed by V. S.

613-207022-99-3

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Palasade

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14356

Primary Registration District No. 2037 Registered No. 327

FULL NAME OF CHILD Louise Waldram

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	[illegible]	Date of Birth
F.	One	One	Yes	June 7 (Month) (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Waldram	FULL MAIDEN NAME	Mary Pearl Richards
RESIDENCE	Palasade.	RESIDENCE	Palasade
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jannie Hendrickson

(Physician or midwife)

Address Bodgen - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 Ray H. Fisher Jr. Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

695·213·022-893

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14357

Primary Registration District No. 2037 Registered No. 326

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes.	June 13 (Month) (Day) 191 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. W. Wenger	Romilla Hill
RESIDENCE	Driggs.	Driggs.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Larsen

(Physician or midwife)

Address Driggs.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1913 Ray W. Fisher, M.D. Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-130-022-863

PLACE OF BIRTH

County of Fremont.

City of Clawson

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14358

Primary Registration District No. 2037 Registered No. 328

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes.	May 30 (Month) / (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Pacock	FULL MAIDEN NAME	Emma Hochstrasser
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2059. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Keith
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1913 Ray H. Fickbohm
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-139-22-745

PLACE OF BIRTH

County of Canyon

City of Dr995

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14359

Primary Registration District No. 2037 Registered No. 331

FULL NAME OF CHILD Joseph A Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	Yes	June 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Smith	Ida Dunn
RESIDENCE	Dr995	Dr995.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Tenn.	Miss.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M D Smith

(Physician or midwife)

Address Dr995

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray H Fink M.D.

..... Registrar

S-Y CO. 20175

Registrar

693-224-022-693

Form V. S. No. 16—10m-6-1912

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashley Ward

Registration District No. 9

File No. 14360

No. ..... St.

Primary Registration District No. 704

Registered No. 304

Hospital .....

FULL NAME OF CHILD Emma Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	June 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Williams.	Ella. Williams.
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	N. C.	N. C.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 10 19 13 Ray H. Fisher, M.D.

..... Registrar

Registrar

6-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-17-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

JUN 19 1961

File No.

Registered No.

363-109-022-556

Form V. S. No. 11—10m-2-15-18

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14361

Primary Registration District No. 2040 Registered No. 303

FULL NAME OF CHILD James N. Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James F. Cole.	Newcham
RESIDENCE	Roberts.	Roberts.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Idaho	Ill.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. James

Asleepath
(Physician or midwife)

Address Roberts, Ida.

Given names added from a supplemental report

..... 19.....

Filed July 10 19 13 Kay Hutchins Jr. M.

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1965

849-121-22-553

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14362

Primary Registration District No. 2040 Registered No. 302

FULL NAME OF CHILD George Nelson Quinton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 26 1913

FATHER		MOTHER	
FULL NAME	James Quinton	FULL MAIDEN NAME	Mabel Fuller
RESIDENCE	Rigby	RESIDENCE	~~Wyo~~ Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Wyoming
OCCUPATION	Farmer.	OCCUPATION	Domestic.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray St. Fisher M.D.

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 Ray St. Fisher M.D. Registrar

8-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Columbia }

Certificate No. 14362

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 21, 1913 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 14, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	George Nelson Quinton
birthdate	June 20, 1913	June 21, 1913

Subscribed and sworn to before me this 1st
day of April, 1942
Ruth J. Mercer
Notary Public, residing at St. Helens, Ore.
My commission expires Dec. 30, 1944
(SEAL)

Signed Mabel Nelson Quinton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Lyle, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Columbia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of April, 1942
Ruth J. Mercer
Notary Public residing at St. Helens, Oregon
My commission expires Dec. 30, 1944
(SEAL)

Signed Mrs. Naomi Rhoads
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Georgia Hotel
Vallejo, California
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

APR 9 1942

749-207-022-557

Amended 5/19/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14363
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rudy

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rudy

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eva b. (Middle): Preal c. (Last): Purser

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 7, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): LeRoy b. (Middle): c. (Last): Purser

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha b. (Middle): Anna c. (Last): Evans

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Helen Purser Kite

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Lorenzo, Rt. 2 Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M. D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Please type or print in completing this certificate. This certificate MUST be filed with the VITAL STATISTICS, BOISE, IDAHO, within the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

Form V. S. No. 11—Rev-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 14363

Primary Registration District No. 2c 4c — Registered No. 321

FULL NAME OF CHILD Ella Purser.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			Yes	June 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Purser	Martha [illegible]
RESIDENCE	Rudy	Idaho. Rudy.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Purser Kitz

(Physician or midwife)

Address Lorenzo R F D Ida.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 — LeRoy Kitz M.D. Registrar

..... Registrar

S-Y CO. 20175

AUG 3 1960

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
APR 2 11 46 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 14363

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella Purser (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1913 (Date of Event)
in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ella	Eva Preal Purser

Subscribed and sworn to before me this 1st day of April, 1975

Notary Public, residing at Rexburg Idaho 83443
My commission expires 7-24-76
(Seal)

Signed Sarah A. McNeil
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
903 E 17th Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/31/75 nm

Idaho Driver's license (519-40-8324 gives name as Eva Dutson. born 6-7-13 expires 6-7-69. viewed by V. S.

MAY 19 1975

Insurance application from Beneficial life gives name as Eva Terrell.born june 7, 1913. dated Nov. 8, 1943. viewed by V. S.

Certificate of Birth from LDS Church gives name as Eva Preal Purser born June 7, 1913 at Perry, Idaho. Father's name as LeRoy Purser and mother's name as Martha Ann Evans. Entered on record April 2, 1916. viewed by V. S.

214-220-022-354

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14364

Primary Registration District No. 2040 Registered No. 300

FULL NAME OF CHILD Ada Marie Bauman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and / Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(	(	Yes	June 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alf. Bauman	Bertha Fedbrette
RESIDENCE	Rudy	Rudy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Utah	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

....., 19.....
Registrar

Filed July 10, 1913 J. Paul Taylor, M.D.
Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1972

NOV 22 1943

366-1/19-022-8X3

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ____ St.

Hospital ____

FULL NAME OF CHILD Lord Lauder

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 14365

Primary Registration District No. 2040

Registered No. 297 July 10

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 19, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J T Lowder	Martha Hilderbrand
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray St Fisher M.D.

(Physician or midwife)

Address Ashton Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 19 13 Ray St Fisher M.D.

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-220-022-243

PLACE OF BIRTH

County of Fremont

City of Grant

No. ( ) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 2— 10m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14366

Primary Registration District No. 2040 Registered No. 310

FULL NAME OF CHILD [redacted] Naomi Ruth Clifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 20 1913

FATHER		MOTHER	
FULL NAME	Jed. Clifford	FULL MAIDEN NAME	Viola Butler
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville Idaho

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray A. Tucker

Registrar

S-Y CO. 20175

Registrar

Hospital Birth Certificate, Emanuel Hospital, Turlock, California, gives full name of child as Byron Glenn Youngstrom, born March 26, 1945 to John Robert Youngstrom, born 1-7-1907 at Menan, Idaho and Naomi Ruth Clifford, born 6-20-1913 at Grant, Idaho - parents married Dec 24, 1930 at Idaho Falls, Idaho

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

viewed by V.S. Business Men's Assurance Company of America, Hospital Benefits, dated Nov. 6, 1946 gives full name as Naomi Ruth Youngstrom, married, born June 20, 1913 at Grant, Idaho, policy No. 961198-

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho viewed by V.S. } ss.
County of Bonneville }

Certificate No. 14366

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clifford (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1913 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ~~Insurance Policy~~ Social Security Certificate (Bible Record, Insurance Policy, Etc.) prepared on 11/6/46 — 3/26/45 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Naomi Ruth Clifford

Subscribed and sworn to before me this 12th day of March, 19 62

Dorothy McRae

Notary Public, residing at Idaho Falls, Idaho

My commission expires Nov. 29, 1963 (Seal)

Signed Viola Butler Clifford Maxfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

543 K Street Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 19 62

Leslie W. Driggs

Notary Public, residing at Rigby, Idaho

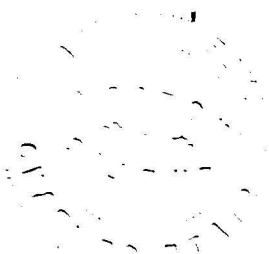
My commission expires 6-28-64 (Seal)

Signed LaVerl Clifford
(Signature of Any Credible Person)

R. F. D. Rigby Ida
(Street Address, City, State)

FORM DH 60-155 CL 2-26-62. nm

MAR 26 1962



393-205-022-355

Form V. S. No. 11—10m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14367

Primary Registration District No. 2040 Registered No. 309

FULL NAME OF CHILD Wanda Littlefield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	June 5 '13

FATHER		MOTHER	
FULL NAME	Jno. W. Littlefield.	FULL MAIDEN NAME	Mary Lee
RESIDENCE	Lewisville.	RESIDENCE	Lewisville.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Arizona
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville Ida

Given names added from a supplemental report

..... 19.....

Filed July 10 19 13 Ray H. Funk Jr.

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-372873 NAME CHANGE

386-212-002-869

Form V. S. No. 11--10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Saint

No. _____ St.

Registration District No. 9 File No. 14368

Primary Registration District No. 2040 Registered No. 308

Hospital _____

FULL NAME OF CHILD Romana Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	June 12 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lors Thompson	Orville Thompson
RESIDENCE	Saint	Saint
COLOR	W	W
AGE AT LAST BIRTHDAY	23 (Years)	27 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1913 Ray A. Fink M.D. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1955

243-21 & 22-269 name added 10/3/79

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2042

File No. 14369

Registered No. 307

FULL NAME OF CHILD Atha Butler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Butler	Lillie Sorensen
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tuck

(Physician or midwife)

Address Lewisville Idaho

Given names added from a supplemental report

..... 19.....

Filed July 10 1913. Ray Tuck
Registrar

..... Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1974

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
SEP 11 12 27 PM '79
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Washington } ss.

Certificate No. 14369
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Butler (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 18, 1913 (Date of Event) in Fremont (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Atha Butler

Subscribed and sworn to before me this 13th day of September, 1979.
Notary Public, Gloria M. Marek
Residing at State of Oregon-County of Wash.
My commission expires July 15, 1980
(Seal)

Atha B Stoker
Signature of Applicant
5721 N E Alton St
Street Address, City, State
Portland, Oregon 97213

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September, 1979.
Notary Public, Gloria M. Marek
Residing at State of Ore. - County of Wash.
My commission expires July 15, 1980
(Seal)

Beulah M. Erwin
Supporting Signature
4305 N. E. 77th ave
Street Address, City, State

Correction corresp. 9-11-79 fc (B) 1 cp pd mc #24933

Certificate of Baptism and confirmation gives name ad Atha Butler daughter of William J. Butler and Lillian Sorenson born June 18, 1913 at Grant, Idaho.
Baptized August 7, 1921, in L.D.S.Church
Viewed by V.S.

OCT 3 1979

Certificate of Blessing gives name as Atha Butler daughter of William J. Butler and L
Lillian C. Sorensen born June 18, 1913 at Grant, Idaho and Blessed August 3, 1913
in L.D.S.Church.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-106022-255

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Grant

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14370

Primary Registration District No. 2040 Registered No. 306

FULL NAME OF CHILD Ursus Benson Dalton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	June 10 1913

FATHER

FULL NAME Frederick W. Dalton

RESIDENCE Grant

COLOR W. AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Stockman

MOTHER

FULL MAIDEN NAME Dorothea Benson

RESIDENCE Grant.

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Denmark

OCCUPATION Housewife

Number of child of this mother, including present birth 10. Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray Watts Registrar

..... Registrar

S-Y CO. 20175

DUP OF 13-329037

Amended 1/3/72

RECEIVED JULY 10, 1913

418-013-022-619

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14371
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewisville	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewisville
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Maude	MacCene	Maynard

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 13, 1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last).
	Henry		Maynard

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
20 YEARS	Tennessee	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Della		Warner

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS				

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
R. D. Tucker	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Lewisville, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: July 10, 1913	22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M. D.
	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten ribbon in Compressing unit. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Jmuat

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14371

Primary Registration District No. 2020 Registered No. 305

FULL NAME OF CHILD Dudley Clair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		x	June 20 1913

FATHER		MOTHER	
FULL NAME	Henry Maynard	FULL MAIDEN NAME	Della Warner
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville - Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray H. Fisher

Registrar

5-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1972

JAN 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 10 1971 Bureau of Vital Statistics

State of .....

County of .....

Certificate No. 14371

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dudley Cline Maynard (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1913 (Date of Event)

in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible-Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Dudley Cline Maynard	MAC GENE Maude Maynard
Sex of child	male	Female
Date of birth	June 20, 1913	June 13, 1913

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Della Warner Maynard

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of December, 1971

K D Sauls

Notary Public, residing at Provo, Utah

My commission expires 1-25-75

(Seal)

Signed Clea P. Schumann

(Signature of Any Credible Person)

724 E. 3230 N. Provo Utah 84601

(Street Address, City, State)

FORM DH 60-155 CL 12/1/71 nm

Certif. of Marriage from Salt Lake City, Utah gives groom!s name as Richard George Grimmett and the bride's name as Maude MacCene Maynard. Married June 13, 1933. and Sealed together December 1, 1952. Viewed by V. S.

Certificate of Record of Membership from LDS Church gives name as Maude Maynard Grimmett. Born June 13, 1913 at Lewisvile, Idaho. Father's name Henry Harvey Maynard and mother's maiden name: Della Warner. Was blessed June 29, 1914 and Baptized June 1921. Viewed by V. S.

Life insurance Policy from Kansas City Life Insurance Company gives name as MacCene Maynard Grimmett. Age 38, No. 1 245 598. Dated May 31, 1951. Beneficiary givesnas Richard George Grimmett. Viewed by V. S.

76-21-3-022-363

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14372

Primary Registration District No. 2040 Registered No. 3,2

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes,	June 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. Tomsons,	Alice Cole.
RESIDENCE	Grant.	Grant
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) R. S. Tucker.

(Physician or midwife)

Address Lewisville - Ida

Filed July 10 1913 Ray St Fisher M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

6/22/15 022-493

Form Y. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Blowout.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 14373

Primary Registration District No. 2040 Registered No. 311

FULL NAME OF CHILD Eunice Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Dawson	Sarah Ann Butler
RESIDENCE	Blowout.	Blowout.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	36
BIRTHPLACE	Utah	Ida.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3P. M.
(Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

~~Physician~~ or midwife)

Address Lewisville, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913. Ray S. Tucker M.D.
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1949

243-216-022-419

Amended 8-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14374
Local Reg. No. 318
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Margaret b. (Middle): Ireta c. (Last): Buck

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 16, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Ernest b. (Middle): c. (Last): Buck

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Eng.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jessie b. (Middle): c. (Last): Martin

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J.E. Melton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Menan, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

DECEASED

Amended 8-19-64

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14374
Local Reg. No. 318
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Margaret
b. (Middle): Ireta
c. (Last): Buck

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 16, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): G.
b. (Middle): E.
c. (Last): Buck

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Eng.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jessie
b. (Middle):
c. (Last): Martin

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J.E. Melton

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Menan, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: July 10, 1913

20. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...IKAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
...idence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

DECEASED

(e) Signature of Physician:

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14374

Primary Registration District No. 2040 Registered No. 312

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	( )	( )	Yes.	June 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. E. Buck.	Jessie Morton.
RESIDENCE	Menan	Menan
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	31	34
BIRTHPLACE	Eng.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 15 19 13 Ray Fisk MS Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1964
AUG 11 1965

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

RECEIVED
AUG 6 1964
Bureau of Vital Statistics

Certificate No. 14374

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Buck (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1913 (Date of Event) in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on July 10, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Ireta Buck
Sex of Child	Male	Female

Subscribed and sworn to before me this 1st day of June, 1964

Notary Public, residing at Pocatello, Idaho

My commission expires March 4, 1964

(Seal)

Signed Ernest Buck

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

460 Shelly St Idaho Falls, Idah.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1964

Notary Public, residing at Pocatello, Idaho

My commission expires March 4, 1964

(Seal)

Signed Dellen D. Lusk.

(Signature of Any Credible Person)

740 N 8 St Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155

CL 2-26-64. ~~mm~~ one copy pd. rec. #2378.

L.D.S. Church Cert. of Baptism and Confirmation, July 10, 1921 gives full name as Margaret Ireta Buck, daughter of Ernest Buck and Jessie Martin, born June 16, 1913 at Menan, Idaho - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #41134 gives full maiden name of mother as Margaret Ireta Buck - viewed by V.S.

Mr. Benson - said no other doc's necessary -

816-109-022-699

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Meican

No. ____ St.

Hospital ____

Registration District No. 9 File No. 14375

Primary Registration District No. 2040 Registered No. 317

FULL NAME OF CHILD RAY HAWKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 8th (Month) (Day) 191 (Year) 3

	FATHER	MOTHER
FULL NAME	John Hawker	FULL MAIDEN NAME Lois Jenkins
RESIDENCE	Meican	RESIDENCE Meican
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Meican

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 Ray Hawker Mgr

Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

OCT 20 1941

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

Certificate No. 14575

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ray Hawker (Birth or death)

for Unnamed (Name on original certificate) who Menan, Idaho (Was born or died) on July 8, 1917 (Date of event)

in Menan, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Living witnesses (Bible record, insurance policy, etc.) prepared on None (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hawker	[illegible] Hawker
Ray Hawker		Ray Hawker

Subscribed and sworn to before me this 27 day of October, 1941

Notary Public, residing at Roberts, Idaho

My commission expires 10. 21. 44

[SEAL]

Signed Hazel H. Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1941

Notary Public, residing at Menan Idaho

My commission expires Dec 12 1943

[SEAL]

Signed John H. Yeasley
(Signature of any credible person other than the previous affiant.)

Menan, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 3 1947

318-202-022-867

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 1 File No. 14376

Primary Registration District No. 2040 Registered No. 316

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			YES.	July 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Taylor.	Margaret Hoggan.
RESIDENCE	Lewisville	Lewisville
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housework.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker.

(Physician or ~~midwife~~)

Address Lewisville

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray Hinke MS

..... Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.No. 11—10m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. S. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth, stated.

913-20-3-21-795

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Roberts

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14377

Primary Registration District No. 2040 Registered No. 315

FULL NAME OF CHILD Lulla A. Raty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 3 1913

	FATHER	MOTHER
FULL NAME	Joseph Raty	FULL MAIDEN NAME Nettie Pinney
RESIDENCE	Roberts	RESIDENCE Roberts,
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years) 30
BIRTHPLACE	Utah.	BIRTHPLACE Utah.
OCCUPATION	Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

(Signature) R. D. Tucker.

(Physician or midwife)

Address Lewisville, Idaho

Filed July 10 1913 Ray Hall Lewis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 26 1967
Bureau of Vital Statistics

State of California
County of Solano } ss.

Certificate No. 14377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Raty (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1913 (Date of Event)
in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lulla Angeline Raty

Subscribed and sworn to before me this 11th day of June, 1967.

Notary Public, residing at Vallejo, Cal.
My commission expires 6-28-68

Signed Cora A. Halford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

742 Haight Ave. Alameda, Calif. 94501
(Street Address, City, State)

GEORGE C. DEMMON
Notary Public
Solano County
California
My commission expires July 21, 1967

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Solano } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1967.

Notary Public, residing at Vallejo, Cal.
My commission expires July 21, 1968
(Seal)

Signed Wesley V. Cole
(Signature of Any Credible Person)

1019 Shasta St. Vallejo, Calif.
(Street Address, City, State)

GEORGE C. DEMMON
Notary Public
Solano County
California
My commission expires July 21, 1967

FORM DH 30-155

CL 9-9-65. nm

JUN 26 1967

Family Record gives name as Lulla Angeline Raty born July 3, 1913 - father - Joseph Raty Mother Nettie Pinney. Family Record obviously old
Viewed by V. S.

School Record issued by Vallejo Senior High School in 1933 gives name at Lulla Angelene Raty. Entered School Aug. 1930. Date of birth July 3, 1913 at Lewisville, Idaho.
Viewed by V. S.

496-129-022-814

Form V. S. No. 11 [illegible]

PLACE OF BIRTH

County of Fremont

City of [illegible]

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14379

Primary Registration District No. 2040 Registered No. 321

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Downs.	Peg M Haugate
RESIDENCE	Island	Island.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Neb.	Iowa.
OCCUPATION	Ranchman	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M Bridges. M.D.

(Physician or midwife)

Address Idaho Falls.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed July 10 1913 Ray St. Fisher, M.D. Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3964 042 022 - 3 12

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14380

Primary Registration District No. 2040 Registered No. 320

FULL NAME OF CHILD LYLE FREDERICK BROWNING

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	July 4 1913

FATHER		MOTHER	
FULL NAME	F. S. Browning	FULL MAIDEN NAME	Eliz. Caspe
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLean

(Physician or midwife)

Address Annis

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray H. Fisher
Registrar

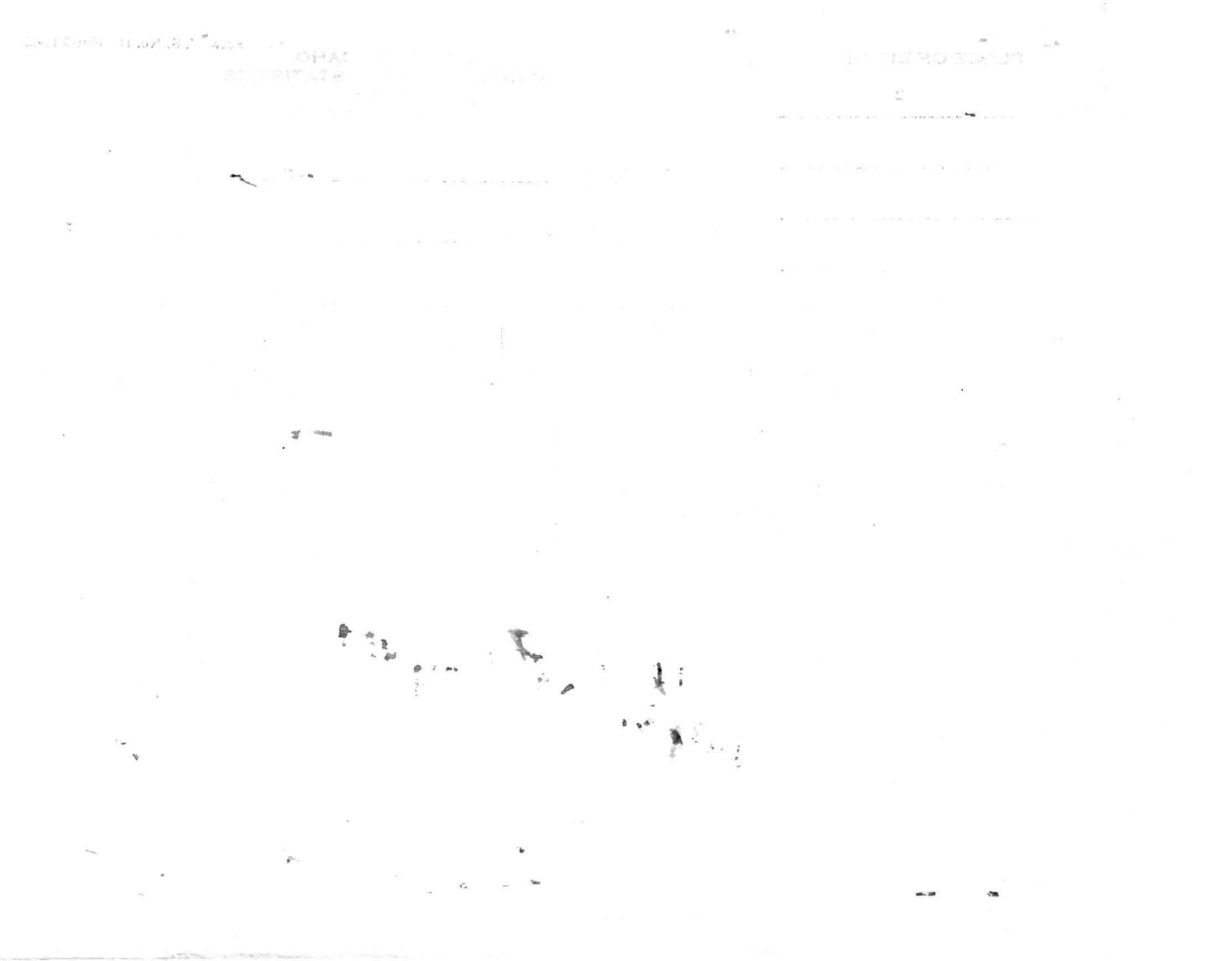
.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUL 15 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 14380

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Browning (Name on Original Certificate) who was born (Was Born or Died) on July 4, 1913 (Date of Event)
in Annis (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own Child's Birth Certificate # 252795 Cert. of Baptism & Confirmation-LDS Church-Baptized Aug 6, 1921 prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Lyle Frederick Browning

Subscribed and sworn to before me this 12 day of July, 1957

George M. Larsen
Notary Public, residing at Menan Idaho
My commission expires Dec 12 1959
(Seal)

Signed Fred L. Browning father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Lorenzo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of July, 1957

George M. Larsen
Notary Public, residing at Menan Idaho
My commission expires Dec 12 1959
(Seal)

Signed Nancy Elizabeth Cosgrove Browning mother
(Signature of Any Credible Person)

Lorenzo Idaho
(Street Address, City, State)

FORM DPH 55-155

NN 7-8-57 nm

JUL 15 1957

363-69-022-916

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14381

Primary Registration District No. 2040 Registered No. 319

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	June 19 ..., 191...

FATHER		MOTHER	
FULL NAME	U. S. Cattell	FULL MAIDEN NAME	Eliz. Rawson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed July 10 19 13 Ray H. Fisher, M.D.

..... Registrar

Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-201-022-842

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14382

Primary Registration District No. 2040 Registered No. 330

FULL NAME OF CHILD VERNA WOOD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			Yes	July 1st 1913

FATHER		MOTHER	
FULL NAME	M. J. Wood.	FULL MAIDEN NAME	Margaret Hubbard
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 3a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Palmer

(Physician or midwife)

Address Rigby - Ida.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Ray M. Fisher

Registrar

8-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 29 1952

243.209.022-168

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 14384

Primary Registration District No. 2060 Registered No. 324

FULL NAME OF CHILD Flora Camille Buckland

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 9th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. P. Buckland	Eva Johnston
RESIDENCE	Rt 2 Irwin.	Irwin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby - 2da.

Given names added from a supplemental report

....., 19....

Filed July 10 1913 Ray St. Fisher M.D.

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-110-[redacted]58

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Winchester — Registration District No. 32 — File No. 14385

No. ____ St. — Primary Registration District No. 2127 — Registered No. 77

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	6 – 10 – 1913

FATHER		MOTHER	
FULL NAME	Jess E. Walker	FULL MAIDEN NAME	Ora Lehman
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 6 – 10 – 1913 Elsie B. Rogers Registrar

.....
Registrar

8-Y CO. 20174

593-206-031-399

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester — Registration District No. 32 — File No. 14386

No. ____ St. — Primary Registration District No. 2127 — Registered No. 76

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 - 6 - 1913

FATHER		MOTHER	
FULL NAME	Thomas Nichols	FULL MAIDEN NAME	Delia Tribe
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....19....

Filed 6-6-1913 Elton B. Rogers Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-112-04

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Hoke

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 28

File No. 14387

Primary Registration District No. 1011

Registered No. 37

FULL NAME OF CHILD Paul Whitsell Bradley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Bradley	Pearl Marie Whitsell
RESIDENCE	Wallace, Ida.	Wallace, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Missouri	Indiana
OCCUPATION	Price Clerk	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.25 P. M. on the date above stated.

(Signature) Howard E. Jansen M.D.

(Physician or Midwife)

Address Wallace, Idaho

Filed June 16, 1913 H. Leo Tingley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

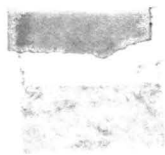
..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-201-E4C-593

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Canyon ave St.

Hospital —

Registration District No. 28 — File No. 14388

Primary Registration District No. 1011 — Registered No. 38

FULL NAME OF CHILD Mabel Carroll

Sex of Child: Female — Twin, Triplet or other? One (To be answered only in event of plural births) — and Number in order of birth 3d — Legitimate? Yes — Date of Birth: June (Month) 1 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Lawrence Carroll	Alice Richardson
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Nova Scotia	Penn.
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. Mowry

Physician
(Physician or midwife)

Address Wallace Ida

Filed June 20 1913 W. Leo Langley
Registrar

8-Y CO. 20174

FEB 18 1942

FEB 26 1975

231-101-040-168

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. King St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 14389

Primary Registration District No. 1011 Registered No. 39

FULL NAME OF CHILD Jack. Slavin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	and	Yes	June 1 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Slavin	FULL MAIDEN NAME	Gene Johnson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash.
OCCUPATION	Machinist	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 24, 1913 E. Leo Lundy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-105-1040-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital ____

Registration District No. 38 File No. 14390

Primary Registration District No. 211 Registered No. 40

FULL NAME OF CHILD. Frank Wrigle

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2d	Yes	June 5 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Wrigle	Agnes Gatzo
RESIDENCE	Wallace, Ida.	Wallace, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Austria	Austria
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 20 1913 F. Leo Tingley
Registrar

8-Y CO. 20174

6-4-1913-040-235

Amended 5-9-63

(Be sure the information is complete and accurate)

State File No. 14391
Local Reg. No. 41
Reg. Dist. No. 28

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Frances
b. (Middle):
c. (Last): Wimer

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 4, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): W.
c. (Last): Wimer

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Oregon

11a. USUAL OCCUPATION: Bank Cashier

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mabel
b. (Middle):
c. (Last): Klein

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ill.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. Mowery

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Wallace, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: June 20, 1913

20. REGISTRAR'S SIGNATURE: F. Leo Quigley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

R in the district where the birth occurred WITHIN 10 days after the date of birth of the
e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

RECEIVED
MAR 28 1963
Bureau of Vital Statistics

Certificate No. 14391

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances Wimer (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	June 8, 1913	June 4, 1913
Mother's Maiden Name	Mabel Kline	Mabel Klein

Subscribed and sworn to before me this 18 day of March, 19 63

Notary Public, residing at Portland, Ore.
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires March 28, 1966

Signed Glenn H. Wimer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4028 SE 74th ave. Portland 6, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60.155 L 3-8-63. one copy pd. rec. #01542.

Notarized Statement from Wayne A. Brubacher, Supt. of Schools, Wallace, Idaho - written Feb. 22, 1963 states "This is to confirm that one Frances Wimer, having parent J.W. Wimer, did graduate from Wallace High School (Wallace, Idaho) on June 5, 1931. Our School records also show that Frances Wimer was born June 4, 1913." - statement viewed by V.S.

Statement from Gordon Cornue, Deacon in Charge, Holy Trinity Church, Wallace, Idaho - written Nov. 24, 1962 states "The Parish Register of Holy Trinity Church, Wallace, Idaho shows the following: Frances Wimer; parents-John Wayne Wimer - Mabel (Klein) Wimer; sponsors-Milton J. Flohr - Mary E. Flohr; birth-June 4, 1913 at Wallace, Idaho; Baptized June 3, 1923 at Holy Trinity Church, Wallace, Idaho by the Rt. Rev. Lemuel H. Wells; Confirmed-November 5, 1924 at Holy Trinity Church, Wallace, Idaho by the Rt. Rev. H. H. Fox, presented by the Rev. Francis D. McCabe."- statement viewed by V.S.

Notarized Statement regarding Lodge Record, Wallace Elks Lodge, Wallace Lodge No. 331, statement written by Dan G. Riedle, Secretary on March 21, 1960, original date of lodge record March 14, 1940 gives full name as Eugene Klein Wimer, born April 9, 1907 at Wallace, Idaho to John Wayne Wimer and Mabel Klein Wimer - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 105 Cedar St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 14391

Primary Registration District No. [illegible] Registered No. 44

FULL NAME OF CHILD Frances Wimer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Fml	One	5th	yes	June 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Wimer	Mabel Kline
RESIDENCE	Wallace, Ida.	Wallace, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	32
BIRTHPLACE	Oregon	Ill
OCCUPATION	Bank Cashier	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howery

Physician

(Physician or midwife)

Address Wallace Ida

Filed June 20 1913 T. Leo Feeney

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

MAY 9 1963

JUN 22 1973

JUL 12 1963

81K-109.046-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 14392

No. ..... St.

Hospital Providence Primary Registration District No. 1811 Registered No. 43

FULL NAME OF CHILD John Russell Hamm

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births): Twin	and Number in order of birth: 2d	Legitimate? Yes	Date of Birth: June (Month) 9 (Day) 1918 (Year)	

FATHER

FULL NAME: Clarence ~~Hamm~~ Hamm

RESIDENCE: Wallace Ida

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Traveling Grocery man

MOTHER

FULL MAIDEN NAME: Rose Russell

RESIDENCE: Wallace Ida

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2d

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Mowry

Physician (Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1918 F. Lee Lucier Registrar

S-Y CO. 20174

JUN 16 1942

815-209-040-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 28 File No. 14393

Primary Registration District No. 1614 Registered No. 43

FULL NAME OF CHILD Jean Ramey Hann

Sex of Child: Female | Twin, Triplet or other? Twin | and Number in order of birth 2 | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: June (Month) 9 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Clarence Hann	FULL MAIDEN NAME Rose Russell
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Oregon
OCCUPATION	Traveling Groceryman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 E. Leo Langley Registrar

S-Y CO. 20174

JAN 14 1942

764-216-040-997

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Canyon Creek St.

Hospital

Registration District No. 28 File No. 14394

Primary Registration District No. 1011-2 Registered No. 24-

FULL NAME OF CHILD Mary Gough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fl	One	2d	Yes	June 16 1913

	FATHER	MOTHER
FULL NAME	Douglas Gough	Mary Riggs
RESIDENCE	Wallace Ida	Wallace, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	20 (Years)
BIRTHPLACE	Kentucky	Kentucky
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Monroe Thompson

(Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 21 1913 F. Leo Dempsey
Registrar

S-Y CO. 20174

FEB 10 1965

APR 16 1965

JUL 7 1972

RESERVED FOR BINDIN
LEAVING INK — THIS IS A PER

719-110-010-297

PLACE OF BIRTH

County of Bonneyville

City of Ammon

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14396

Primary Registration District No. 927 Registered No. 1 5

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	April 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nathaniel Gardner	Rosetta Bird
RESIDENCE	Ammon	Ammon
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	44	36
BIRTHPLACE	Bevier Co Utah	Bevier Co Utah
OCCUPATION	Farming	house wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 20 after 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hyatt

Midwife
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

____ 19____

Filed June 6 1913

____ Registrar

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1973

695-020-010-942

PLACE OF BIRTH

Amended 9-18-74

County of Bonneville

City of Ammon

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14397

Primary Registration District No. 2027 Registered No. 131

FULL NAME OF CHILD Ivy Lavender Field

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	1	yes	March 20 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	J J Field	Marie Ruston
RESIDENCE	Ammon Ida	Ammon
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	50	45
BIRTHPLACE	Salt Lake City Utah	Salt Lake Utah
OCCUPATION	Farming	house wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hall

mid wife
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed June 16 1913

.....
Registrar

.....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-21-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 10 2 48 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14397

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Field (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1915 (Date of Event)
in Ammon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ivy Lavender Field
Date of Birth	April 20, 1913	March 20,1913
Sex of child	Male	Female

Subscribed and sworn to before me this 21st day of March, 1973

Laurence Cartwright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Melvin C. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

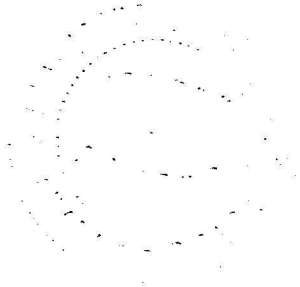
FORM DH 60-155

MS corresp - Office - 1 cp pd rec # 13385

Own childs birth certificate lists name of mother as Ivy Lavender Field mother of Karen Frandsen born December 21, 1935 in Idaho Falls, Idaho, State file # 238658.
Viewed by V.S.

SEP 1 8 1974

Certificate of birth from the L.D.S.Church gives name as Ivy Lavender Field born March 20, 1913 inAmmon, Idaho. Father John J. Field
Mother Marie Rushton. Certificate Recorded April 27, 1913
Viewed by V.S.



Amended 10-31-56

214-206-010-469

PLACE OF BIRTH

Form V. S. 11-6-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 7

File No. 14398

Registered No. 1

FULL NAME OF CHILD MARTHA JANE SAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	and	yes	June 6 1913

FATHER		MOTHER	
FULL NAME	Roy L Sams	FULL MAIDEN NAME	Caroline D Morris
RESIDENCE	Ammon Ida	RESIDENCE	Ammon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Tennessee Ill	BIRTHPLACE	Rock Island Ill
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 7 20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 19 13 Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
OCT 8 - 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Solano } ss.

Certificate No. 14398

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1913 (Date of Event)
in Ammon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Birth Record, Insurance Policy, Etc.) prepared on Oct. 16, 1956 baptized 2-8-25 (Give Date) are:
Social Security Card Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Martha Jane Sams

Subscribed and sworn to before me this 2nd day of October, 1956

Dorothy Armstrong
Notary Public, residing at Vallejo, Calif.
My commission expires October 24 1959
(Seal)

Signed Martha Jane Malmstrom Sams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1105 Olive Lane, Napa, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1956

John L. Blum
Notary Public, residing at Idaho Falls, Idaho
My commission expires Nov. 9, 1959
(Seal)

Signed Lillie Matteson
(Signature of Any Credible Person)

415 W. 19th, Idaho Falls, Idaho
(Street Address, City, State)

K

FORM DPH 55.155

NOV 8 1956

96b-225-010-165

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14399

Primary Registration District No. 2027 Registered No. 133

FULL NAME OF CHILD Nellie Rowley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	R. F. Rowley	FULL MAIDEN NAME	Mary A. Lewis
RESIDENCE	I. Falls Ida	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Franklin M.D.

(Physician or midwife)

Address Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1913 W. Hammond Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

RECEIVED BUREAU OF VITAL STATISTICS JAN 9 1973

Certificate No. 14399

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rowley (Female) who was born on May 25, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Baptism prepared on August 7th 1921, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Nellie Rowley

Subscribed and sworn to before me this 29th day of
May, A.D. 19 73

Notary Public, residing at Idaho Falls, Idaho
My commission expires 10/31/74
(Seal)

Signed Harriett Mae Jones Rowley Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/8/73

FEB 14 1974

Blessing record from LDS Church gives name as Nellie Rowley born on May 25, 1913 at Idaho Falls, Idaho. Was Blessed June 9, 1913. father's name given as Royal James Rowley and the mother's name as Mary Ann Jones. viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Nellie Rowley daughter of Royall James Rowley and Mary Ann Jones. Born May 25, 1913 at Idaho Falls, Idaho. Was Baptized Aug. 7, 1921. Was viewed by V. S.

418-206-010-036

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-c

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 7 File No. 14400

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 134

Hospital ____

FULL NAME OF CHILD Josephine Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	____	____	Yes.	June 6, 1913

FATHER	MOTHER
FULL NAME: Abe. J. Day,	FULL MAIDEN NAME: Lucy M. Blosham,
RESIDENCE: Ammon, Ida., R.F.D.#3	RESIDENCE: Ammon, Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 48, (Years)	COLOR: White AGE AT LAST BIRTHDAY: 41, (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Idaho.
OCCUPATION: Ranchman.	OCCUPATION: Wife.

Number of child of this mother, including present birth 8.

Number of children, of this mother, now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 6th, 1913, at 4 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Bickes. M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 9 1913 W. Hammond

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each until the number of each, in order of birth stated

JAN 16 1953

MAR 25 1976

4/18/41 Z.J.

95712 8100-534

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida.Falls,Ida.

No. ..... St.

Hospital .....

Registration District No. 7 File No. 14401

Primary Registration District No. 227 Registered No. 131

FULL NAME OF CHILD Raymond Orlee Engstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 28 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Victor Engstrom	FULL MAIDEN NAME: Ida Elm
RESIDENCE: Ida.Falls,Ida.	RESIDENCE: Ida.Falls,Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Sweeden	BIRTHPLACE: Sweeden
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 28 1913 at 5/20 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dekenmore M.D.

(Physician or midwife)

Address Ida Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed June 10 1913

Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 26 1941

PLACE OF BIRTH

Twin Falls, Ida.

154/2810-863

PLACE OF BIRTH

Form V. S. No. 12-0-Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida.Falls,Ida.

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 14402

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 28 1913

FATHER	MOTHER
FULL NAME: Peter Anderson	FULL MAIDEN NAME: Anna Holm
RESIDENCE: Ida.FAlls,Ida.	RESIDENCE: Ida.Falls,Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Sweeden	BIRTHPLACE: Sweeden
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 28 1913 at 11/50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.R. Sederquist M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 W. Hammond

..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BIR... 51

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1975

669-1/2 : 10231/2

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 14403

No. ____ St.

Primary Registration District No. 2027

Registered No. 7

Hospital ____

FULL NAME OF CHILD GEORGE Alfred Fowler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 12 1913

FATHER

FULL NAME Gideon Alfred Fowler

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Indiana

OCCUPATION Employee Lumber Co.

MOTHER

FULL MAIDEN NAME Prudence Lahrum

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6-P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Lemmond

S Lyman
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 12 19 13 Wm Lemmond Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1975

RECEIVED
FEB 27 PM '75
BUREAU OF VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14403

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alfred Fowler (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Alfred Fowler	George Alfred Fowler

Subscribed and sworn to before me this 3rd day of Feb, 1975.

Lester Allred
Notary Public, residing at Idaho Falls, Ida.
My commission expires 12-11-75
(Seal)

Signed Georgia B. Fowler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

350 2nd St. West Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Feb, 1975.

Lester Allred
Notary Public, residing at Idaho Falls, Ida.
My commission expires 12-11-75
(Seal)

Signed Frank John Kocsis (M)
(Signature of Any Credible Person)

193 E. 15th, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/15/75

FEB 21 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as George Alfred Fowler son of R. H. Fowler and Georgia Labrum Born June 12, 1913 at Idaho Falls, Idaho. Was Baptized Feb. 20, 1927. viewed by V. S.

Honorable Discharge from the U.S. Army gives name as George A. Fowler. dated Jan. 6, 1946 viewed by V. S.

168-141-00-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 14404

No. ..... St.

Primary Registration District No. 2027 Registered No. 1

Hospital .....

FULL NAME OF CHILD Arthur Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 11 1913

FATHER	MOTHER
FULL NAME Arthur B. Johnson	FULL MAIDEN NAME Helen Heald Pilot
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wahoo, Nebraska	BIRTHPLACE Idaho Falls, Ida.
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Lamond

(Physician or midwife)

Given names added from a supplemental report

..... 19..... Address Idaho Falls Ida

..... Registrar Filed June 12 19 13 W. M. Lamond Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1957

JUN 12 1942

383.203.010-753

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-25-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14406

Primary Registration District No. 2029 Registered No. 146

FULL NAME OF CHILD Mable June Tyler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 3 1913

FATHER		MOTHER	
FULL NAME	Daniel Tyler	FULL MAIDEN NAME	Christena Matilda Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 2:45 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

Address Ucon Bonneville Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed June 12 1913

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-223-010-799

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—~~20m-6-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14407

Primary Registration District No. 7 Registered No. 171

FULL NAME OF CHILD Beatrice Mary Headerlie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	May 23 1913

FATHER

FULL NAME David A Headerlie

RESIDENCE Ucon

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Providence Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E Price

RESIDENCE Ucon

COLOR white AGE AT LAST BIRTHDAY [redacted]21 (Years)

BIRTHPLACE Ucon Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 23 at 5 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumbley

Obstetrician
(Physician or midwife)

Address Ucon Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/12 19 13

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-35-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-117.010-223

Form V. S. No. 11-C—20m-2-13-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital ...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14408

Primary Registration District No. 2027 Registered No. 142

FULL NAME OF CHILD Harry Raymond Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 17 1913

	FATHER	MOTHER
FULL NAME	John Johnson Walker	Susan Estella Billman
RESIDENCE	Idaho Falls Idaho	Idaho Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Pittsville Wis.	Salt Lake City Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ... (Born alive or stillborn) ... at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... (Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 18 1913 ... Registrar

8-Y CO. 20174

AUG 16 1972

MAY 12 1975

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 7 File No. 14409

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 143

Hospital ____

FULL NAME OF CHILD Edna Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	2	Yes	May 4 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ashmond Rose	Lulu Baker
RESIDENCE	Idaho Falls Ida	Idaho Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Ennis, Idaho	Camas, Ida
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Caulthard

Physician

(Physician, Midwife or Other)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed June 19 1913

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1965

755-122-011-469

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14410

Primary Registration District No. 2027 Registered No. .....

FULL NAME OF CHILD Paul M. Gentle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 22 1913

FATHER	MOTHER
FULL NAME Joseph Gentle	FULL MAIDEN NAME Mary Morton
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida.
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Atlantic Iowa	BIRTHPLACE Lenox Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Guy Hammond, Physician

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed June 23 19 13 C. Guy Hammond

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 10 8 54 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 14410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gentle (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Paul Morton Gentle

Subscribed and sworn to before me this 5th day of June, 19 75

Wallace Hoffman

Notary Public, residing at Idaho Falls 264-9th

My commission expires 8-18-1978

(Seal)

Signed Paul Morton Gentle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

#3-725-Saturn Ave Idaho Falls, Ida 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 19 75

Wallace Hoffman

Notary Public, residing at Idaho Falls 264-9th

My commission expires 8-18-1978

(Seal)

Signed D. J. Edwards
(Signature of Any Credible Person)

381-8th Idaho Falls, Ida
(Street Address, City, State)

FORM DH 60-156

CL 3/24/75

Insurance policy from Independent Liberty Life Ins. Co. gives name as Paul Mortorn Gentle. dated Dec. 1970. Policy No.70526999. viewed by V. S.

JUL 30 1975

Insurance Policy from Physicians Mutual Insurance Co. gives name as Paul M. Gentle dated July 22, 1965. Policy No. 1204372. viewed by V. S.

Diploma from Advance Trades School, Electrical Serivce and Appliance Repari give s name as Paul M. Gentle. dated April 14,,1967. viewed by V. S.

493-106-6-C-0-791

PLACE OF BIRTH

County of Bonneville Ida

City of Idaho Falls Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14411

Primary Registration District No. 207 Registered No. 1

FULL NAME OF CHILD Clell William Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 6 1913

FATHER

FULL NAME Claude A Miller

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Nebr.

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Agnes E Hoot

RESIDENCE Idaho Falls Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kansas

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 119 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Clewis

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19 ..... Address .....

..... Registrar Filed June 26 19 13 T. [illegible] Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

MAY 8 1964

MAY 20 1975

213-23-010-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Willow Creek

No. ..... St.

Hospital .....

Registration District No. ..... File No. 14412

Primary Registration District No. 2639 Registered No. 171

FULL NAME OF CHILD William Bates

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 23 1913

FATHER		MOTHER	
FULL NAME	Samuel A Bates	FULL MAIDEN NAME	Elizabeth Jane Stille
RESIDENCE	Willow Creek	RESIDENCE	Willow Creek
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	utah
OCCUPATION	Farmer	OCCUPATION	House [illegible]

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 (illegible) M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address [illegible]

Filed June 24 1913 [illegible]

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

10/1/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14412

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bates (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1913 (Date of Event)
in Willow Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Bates	William Bates
Place	Willow Creek	~~Idaho~~ Idaho Willow Creek

Subscribed and sworn to before me this 13 day of November, 19 76

Notary Public, residing at Pocatello Idaho
My commission expires Mar. 4, 1980
(Seal)

Signed Gerald Bates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
370 S 2nd West Rexburg Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of November, 19 76

Notary Public, residing at Pocatello Idaho
My commission expires Mar. 4, 1980
(Seal)

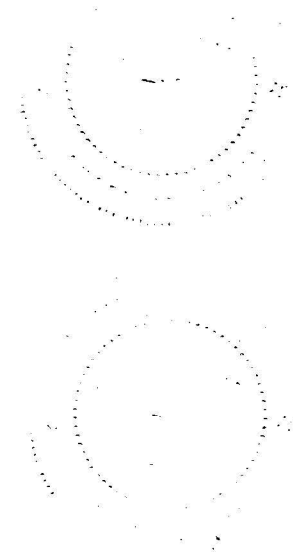
Signed Emma Millard a sister
(Signature of Any Credible Person)

R. R. #7 Box 139 Idaho Falls, Ida
(Street Address, City, State)

Social Security card (519-07-4765) gives name as William Bates. viewed by V. S.

NOV 30 1976

Certif of Blessing from the LDS Church gives name as William Bates son of Samuel Bates and Elizabeth Steele. born June 23, 1913 at Willow Creek, Idaho. Blessed Feb 8, 1914. viewed by V. S.



38-122-010213

PLACE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14413

Primary Registration District No. 7 Registered No. 147

FULL NAME OF CHILD Walter Russell Chapple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 22 1913

FATHER		MOTHER	
FULL NAME	Walter Chapple	FULL MAIDEN NAME	Mabel Jane Bates
RESIDENCE	Milo Ida	RESIDENCE	Milo Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(~~Physician or~~ midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 Tony Leonard Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-217.010-714

Child's name added 2-28-89 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 29

File No. 14414

Registered No. 1411

FULL NAME OF CHILD DELLA IONE BATES

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			yes	June 17 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Richard Russell Bates

RESIDENCE: Milo

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Della Garnes

RESIDENCE: Milo

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ or midwife)

Address Bonneville Co. Ida.

Given names added from a supplemental report

..... 19.....

Filed June 21 19 13 C. Hansen Registrar

..... Registrar

8-Y CO. 20174

DECEASED

2-8-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
FEB 13 1989
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 13-14414
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Girl Bates (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 17, 1913 (Date of Event)
in Milo (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Bates	Della Ione Bates

Subscribed and sworn to before me this 10 day of
February, 1989.
Notary Public, Adrienne Nelson
Residing at Idaho Falls, Id
My commission expires 5-23-94
(Seal)

X Della Ione Bates Brown
Signature of Applicant
X 415 E 14th St Idaho Falls Idaho 83404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Baptism shows Della Ione Bates born Jun 17, 1913 in Milo to Richard R Bates & Della Anne and baptized Oct 15, 1921 by G O Weaver. Viewed by VS.

FEB 2 8 1989

ID birth certificate for Ganet Rae Brown born Oct 11, 1945, St Fi #412417 shows Della Ione Bates age 32 born in Milo, ID as the mother. Viewed by VS.

863-203-619-855

Amended 6/13/73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2 7

File No. 14415

Registered No. 149

FULL NAME OF CHILD Annie Madeline Holverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 - 3 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. P. Holverson	Jane Henry
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Cedar Co. Mo.	Scotland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or dead) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister M.D.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed 4/ 19 1

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 8 10 30 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish }

Certificate No. 14415

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Haverson (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Haverson	Annie Madeline Holverson
date of birth	June 2, 1913	June 3, 1913
father's last name	Haverson	Holverson

Subscribed and sworn to before me this 1st day of June, 1973.

Jean Pelton
Notary Public, residing at Granite Falls
My commission expires July 24, 1976
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1973.

Jean Pelton
Notary Public, residing at Granite Falls
My commission expires July 24, 1976
(Seal)

Signed Stella M. Rich
(Signature of Any Credible Person)

1107 Andrews Harbor Everett Wa.
(Street Address, City, State)

FORM DH 60.-153 CL 5/15/73 accepted 14334

Certif. of birth from IDAHO (436906) gives child' anem as Herman Edward Hammon born May 30, 1947. mother's maiden name given as Annie Madeline Holverson. Viewed by V. S.

JUN 13 1973

Certificate of Baptism and Confirmation from LDS Church gives name as Annie Madeline Hammon daughter of Jerry Holverson and Jane Anne Henrie. Born June 3, 1913. Was Baptized July 21, 1933. Viewed by V. S.

755-220-010-622

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14416

Primary Registration District No. 2 2 Registered No. 16

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		12	Yes	June 20 1913

FATHER		MOTHER	
FULL NAME	Abraham Gneting	FULL MAIDEN NAME	Anna Asswald
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12:00 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(~~Physician~~ or midwife)

Address Rigby R D #1 Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed June 30 19 13 _____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

213-16-610-284

Amended 6/11/74

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 1

File No. 14417

Primary Registration District No. 1

Registered No. 1

FULL NAME OF CHILD Raymond Leonard Ball

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	June 18 1913

FATHER		MOTHER	
FULL NAME	John M Ball	FULL MAIDEN NAME	Lumane Shurtliff
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 18, at 2 o'clock A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah F. Rucker

Physician

(Physician or midwife)

Address Ucon Bonneville Co, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1 1 19 13

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 6/11/74

PLACE OF BIRTH

(County of [illegible])

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 4 1 23 PM '71

State of Arizona
County of Maricopa } ss.

Certificate No. 11417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond Lenard Ball (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1913 (Date of Event)
in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Raymond Lenard Ball	Raymond Leonard Ball

Subscribed and sworn to before me this 18th day of March, 1971

Marian E. Langdon
Notary Public, residing at Phoenix Arizona
My commission expires My Commission Expires July 9, 1971
(Seal)

Signed Raymond Leonard Ball
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 7-25-63. one copy pd. rec. #04870.

Certificate of Ordination from Raymond Leonard Ball ordained and Elder. Dated May 22, 1966. viewed by V. S.

JUN 11 1974

Marriage certificate from Arizona gives groom's name as Raymond Leonard and the bride's name as Martha Wanda Park. dated Aug. 7, 1937. Was Sealed June 24, 1966. viewed by V. S.

365-220-010-815

PLACE OF BIRTH

County of Bonneville

City of Mc Con

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14418

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Myrtle Catherine Conner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
girl			yes	June 20 (Month) (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	James Conner	FULL MAIDEN NAME	Grace Yancey
RESIDENCE	Mc Con	RESIDENCE	Mc Con
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bottleville Utah	BIRTHPLACE	Swapell Utah
OCCUPATION	Coner Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 20, at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Rumbley

Obstetrician
(Physician or midwife)

Address Vona Bonneville Co, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1, 19 18

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

666-21-010-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Ammon

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 14419

Primary Registration District No 227 Registered No. .....

FULL NAME OF CHILD Randolyn Woodhouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 21, 1913

	FATHER	MOTHER
FULL NAME	Randolph Woodhouse	FULL MAIDEN NAME Sarah Nielsen
RESIDENCE	Not dead	RESIDENCE Ammon
COLOR	White	AGE AT LAST BIRTHDAY 20 (Years)
COLOR	White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Miller M.D.

(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

....., 19.....

Filed July 1 1913 .....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

STATE OF [redacted]

Bureau of Vital Statistics

PLACE OF BIRTH

(County)

AGE AT LAST BIRTHDAY

(Years)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of BOX ELDER }

Certificate No. 14419

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Woodhouse (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1913 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Randolyn Woodhouse

Subscribed and sworn to before me this 4th day of June, 19 64

Lorene B. Smith

Notary Public, residing at Brigham City

My commission expires July 8, 1966

(Seal)

Signed Sarah Nielsen Woodhouse Simmons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1277 South Adams, Glendale, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of BOX ELDER }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June, 19 64

Lorene B. Smith

Notary Public, residing at Brigham City

My commission expires July 8, 1966

(Seal)

Signed Edna Nielsen Wold
(Signature of Any Credible Person)

67 South 2nd West, Brigham City, Utah
(Street Address, City, State)

FORM DH 60-155

L 5-28-64. nm

L.D.S. Church Certificate of Blessing, July 27, 1913 gives full name as Randolyn Woodhouse, daughter of Randolph Woodhouse and Sarah Nielsen - viewed by V.S. born June 24, 1913 at Ammon, Idaho -

Certificate of Marriage, State of California, married Jan. 15, 1950 at Pasadena, California gives full name of groom as Charles Willis Long and full name of bride as Randolyn Woodhouse - viewed by V.S.

JUN 11 1964

Sarah Woodhouse Simmons -
Mother of Randolyn didn't name
her at birth because I wanted to name
the child Randolph if it was a boy.
as her father died before she was born,
took me about 3 days to think of
the name Randolyn -
and Co signer Edna Nielsen Wold
was present with at the birth
of Randolyn.

Notificate of Birth Registration, State of California, gives full name of child as Raymond Charles Long, born May 27, 1950 at Cedars of Lebanon Hospital to Charles Willis Long and Randolyn Woodhouse - Registrar's No. 14488 - viewed by V.S.

255-220 · 010-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-11

PLACE OF BIRTH

County of Bonneville

City of Dona

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 14420

Primary Registration District No 2-7, Registered No. 7

FULL NAME OF CHILD Beulah Kendrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 20, 1913

FATHER		MOTHER	
FULL NAME	Andrew Kendrick	FULL MAIDEN NAME	Emily Birchmore
RESIDENCE	Dona	RESIDENCE	Dona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed Jul 1 19 43

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MAY 31 1950

V39-12 BTD-235

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No-11-C—20m-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14421

Primary Registration District No. 2227 Registered No. 1-17

FULL NAME OF CHILD ROBERT McINTYRE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 20 1914

FATHER		MOTHER	
FULL NAME	Chas. McIntire	FULL MAIDEN NAME	Ivy Stirk
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Penn.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Fassett, M.D.

Physician

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed July 2 1914 W. Hammond

Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 14421
County of Salt Lake JAN 22 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Robert McIntyre (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 21 - 1913 (DATE OF EVENT)
in Idaho Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Metropolitan Ins. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed McIntire	Robert McIntire - uncle of subject
Robert McIntyre		

Subscribed and sworn to before me this 19th day of January, 1942

Signed Thomas H Steele Uncle
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

L. Mauri Wright
Notary Public, residing at Salt Lake City, Utah
NOTARY PUBLIC In and for the State of Utah
Residing at Salt Lake City, Utah
My commission expires Commission expires June 12, 1944
(SEAL)

1465 Bryan Ave Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on JAN 22 1942 By
(REGISTRAR'S SIGNATURE)

AUG 1 1 1972

464-27-010-253.

Form V. S. No. 11-B—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital Fuller's

Registration District No. 7 File No. 14422

Primary Registration District No. 2027 Registered No. 176

FULL NAME OF CHILD Iris Irene Douglass

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 17 191

FATHER		MOTHER	
FULL NAME	Tom M. Douglas	FULL MAIDEN NAME	Ethel Kelly
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls
COLOR	W Cau	COLOR	W Cau
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Traveling man (picture shows)	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ½ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Fuller M. D.
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed July 2 1913 T. Tennant
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28 1957

532:217:010-235

PLACE OF BIRTH

Amended 9/8/76

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14423

Primary Registration District No. 2027 Registered No. 1

FULL NAME OF CHILD Audra Eckersell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 17 1913

FATHER		MOTHER	
FULL NAME	Adam Eckersell	FULL MAIDEN NAME	Rebecca Stephens
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls Ida
COLOR	W Cau	COLOR	W Cau
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. S. Fowler, M. D.

P Lyman (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed July 2 1913

..... Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. HC-20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 9/8/70

County of

MAKE BLACK INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend ~~An Original~~ Certificate of Birth or Death

RECEIVED
MAR 24 1967
Bureau of Vital Statistics

State of IDAHO
County of NEZ PERCE } ss.

Certificate No. 14423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Eckersol (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptized - Church record (Bible Record, Insurance Policy, Etc.) prepared on 11 September 1921 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Audra Eckersell
Father's Last Name	Adam Eckersol	Eckersell
Mother		Rebecca Stephens Eckersell Waldby

Subscribed and sworn to before me this 24th day of May, 1966

Notary Public, residing at Lewiston, Idaho
My commission expires 3-12-68
(Seal)

X Signed Rebecca Waldby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston Idaho 15-01 — 17 21st St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of JEFFERSON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 1966

Notary Public, residing at Rigby, Idaho
My commission expires MY COMMISSION EXPIRES JULY 15, 1969
(Seal)

V Signed A. B. Eckersell
(Signature of Any Credible Person)

101 West Main St. Rigby, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5-11-66. one copy pd. rec. #11336.

L.D.S. Church Certificate of Birth, entered on record Nov. 9, 1913 gives full name as Audra Eckersell, born June 17, 1913 at Idaho Falls, Idaho to Adam Eckersell and Rebecca Stephens - viewed by V.S. SEP 8 1976

Certif of Blessing from the LDS Church gives name as Audra Eckersell daughter of Adam Eckersell and Rebecca Stephens. Born June 17,1913 at Idaho Falls, Idaho. Blessed Nov 9, 1913. viewed by V. S.

553-103 E10-791

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. H St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14424

Primary Registration District No. 27 Registered No. 1174

FULL NAME OF CHILD KENNETH WILLIAM Nelson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	and	Yes	June 23 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Jordan Nelson	FULL MAIDEN NAME	Wade Jane Graham
RESIDENCE	Rigby R 3 D. No 2	RESIDENCE	Rigby R 3 No 2 Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 yrs (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Murray, Utah
OCCUPATION	Farming and stockraising	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 2, 1913

Registrar

5-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

Certificate No. 14424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who was born (Was Born or Died) on June 23 - 1913 (Date of Event)
in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Nelson	Kenneth William Nelson

Subscribed and sworn to before me this 17th day of March, 1942.

Elmer J. Offenberger
Notary Public, residing at Sacramento County California

My commission expires June 25, 1943
(Seal)

Signed Maude Shay mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1707 D. Sacramento
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 19 1942

291-180 · 010-415

PLACE OF BIRTH

Form V. S. No. 21-C—Rev.-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 1

County of Bannock

City of Pocatello

Registration District No. 7 File No. 14425

No. St.

Primary Registration District No. Registered No. 117

Hospital

FULL NAME OF CHILD Joseph D Brandl BRANDL

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 20 1913

	FATHER	MOTHER
FULL NAME	Joseph Mike BRANDL	FULL MAIDEN NAME Edna Daniels
RESIDENCE	515 Main Ave.	RESIDENCE 515 Main Ave
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Park City Utah	BIRTHPLACE Sandburn Iowa
OCCUPATION	Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Finlay
Midwife
(Physician or midwife)

Address 265 Clift St Pocatello

Given names added from a supplemental report

.....19.....

Registrar

Filed Jan 1 19 13

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS.

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
County of ..... } ss.

FEB 4 1942

Certificate No. 14425

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Baby (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 26-1913 (DATE OF EVENT)
in Idaho Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Joseph D. Brandel	Joseph D. Brandl
name of father	Joseph Mike Brandel	Joseph Mike Brandl

Subscribed and sworn to before me this 2nd
day of February, 1942.
R. L. Dalley
Notary Public, residing at Butte Mont
My commission expires 12/31/44
(SEAL)

Signed Mrs Edna Griffiths (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on FEB 4 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 5 1942

NOV 18 1942

V85-218-010-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Registration District No. 7 File No. 14426

Primary Registration District No. 227 Registered No. 116

Hospital .....

FULL NAME OF CHILD Evelyn Dyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	[illegible] 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. Rufus Dyer	Ora Byers
RESIDENCE	Ida Falls Ida	Ida Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Ga.	Ga.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M.D.

(Physician or midwife)

Address Ida Falls Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 1913

..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-31-47

Form V. S. No. 11-C—Rev-9-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

485-218-010-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. St.

Hospital

Registration District No. 7

Primary Registration District No.

File No. 14427

Registered No. 111

FULL NAME OF CHILD Ethelyn Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	19[illegible]

FATHER		MOTHER	
FULL NAME	L. Rufus Tyler	FULL MAIDEN NAME	Ora Boyer
RESIDENCE	[illegible]	RESIDENCE	[illegible]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Ga.
OCCUPATION	Farmer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 12th

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

19

Registrar

Filed July 1 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10-31-41

Form V. S. No. 11-C—20m-2-1...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 03 2005

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

21-007-653

PLACE OF BIRTH

[redacted] Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21

File No. 14428

Primary Registration District No. 2022

Registered No. 67

FULL NAME OF CHILD Calvin Welch Wootan

Sex of Child: Male

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of birth: June 21, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E. Wootan	FULL MAIDEN NAME	[redacted] Nellis Welch
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Atlanta Ida	BIRTHPLACE	Nevada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D. (Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed June 25, 1913 Robert H. Wright Registrar

S-Y CO., 16670 Registrar

APR 3 1975

82-23-0007-219

[redacted]

(PLACE OF BIRTH)

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldon

No. ____, ____ St.

Hospital

Registration District No. 21

File No. 14429

Primary Registration District No. 2023

Registered No. 66

FULL NAME OF CHILD Maria Concepcion Ybangaiesa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	6 30 1913

FATHER

FULL NAME: Prudencio Ybargaiesa

RESIDENCE: Baise Ida

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Spain

OCCUPATION: Shep Owner

MOTHER

FULL MAIDEN NAME: Jacinta Barandica

RESIDENCE: Baise Ida

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Spain

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6-30-1913, at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt P. Higgs

Physician

(Physician or Midwife)

Address Soldon Ida

Given names added from a supplemental report

Aug 9 - 1916

Registrar

Filed July 7 1913 Robert H. Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

315-128 1007-396

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Crichton

No. ____, ____ St.

Registration District No. 21 File No. 14430

Primary Registration District No. 2143 Registered No. 65

Hospital ____

FULL NAME OF CHILD Russell ~~Crosley~~ Crosley Lamman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6, 28, 1913

FATHER	MOTHER
FULL NAME Geo Lamman	FULL MAIDEN NAME Lula Crosley
RESIDENCE Crichton Ida	RESIDENCE Crichton
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill.	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 18 (Years)
	BIRTHPLACE Mo
	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 6-28-1913, at 11 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Durlett D. Higgs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 19 13 Robert H. Wright

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 7 1957

JUN 9 1942

67-22-5-007-669

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Cricleton

No. ____, ____ St.

Registration District No. 21

File No. 14431

Primary Registration District No. 2-0-3

Registered No. 64

Hospital

FULL NAME OF CHILD Violet Minnie Agren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	6 25 1913

FATHER	MOTHER
FULL NAME Ed Agren	FULL MAIDEN NAME Minnie Warthington
RESIDENCE Cricleton Ida	RESIDENCE Cricleton Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 6-25 1913, at 4 30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) † Dulcett Higgs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed July 1 19 13 Robert H. Wright

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 0 1943

228-116-007-731

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carnal

No. ____, ____ St.

Registration District No. 21

Primary Registration District No. 2023

File No. 14432

Registered No. 63

Hospital ____

FULL NAME OF CHILD Guy Plank Skyles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6 16 1913

FATHER		MOTHER	
FULL NAME	John M. Skyles	FULL MAIDEN NAME	Dora Plank
RESIDENCE	Carnal Idaho	RESIDENCE	Carnal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Laborer	OCCUPATION	Nurse w fe

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 12 a.m. alive 6 16 13, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emmett Bl. M.D.

(Physician or Midwife)

Address Carnal Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1 19 13 Robert H. Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-16-40
C

SEP 1 9 1969

54-20-6-007-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H. C. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Registration District No. 21 File No. 14433

Primary Registration District No. 2023 Registered No. 62

Hospital ____

FULL NAME OF CHILD Ruth Permeatia Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	6, 6, 1913

FATHER		MOTHER	
FULL NAME	John L. Edwards	FULL MAIDEN NAME	Maggie Wandrop
RESIDENCE	Soldier Ada	RESIDENCE	Soldier Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Pa,	BIRTHPLACE	Ada,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6-6-1913, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt C. Riggs

Physician
(Physician or Midwife)

Address Soldier Ida,

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1913 Robert H. Wright
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1945

331-105-007-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ....., ... St.

Registration District No. 21 File No. 14434

Primary Registration District No. 2023 Registered No. 61

Hospital .....

FULL NAME OF CHILD Robert Harvey Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 5 1913

FATHER		MOTHER	
FULL NAME	E H Clark	FULL MAIDEN NAME	Maud Powers
RESIDENCE	Hill City Ida	RESIDENCE	Hill City Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Tenn.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 5 1913, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Hodges

Physician
(Physician or Midwife)

Address Goldburn Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 19 13 Robert H. Wright
Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 5 1943

342-22-007-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

Registration District No. 71 File No. 14435

Primary Registration District No. 7074 Registered No. 60

FULL NAME OF CHILD Hazel Sutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.			Yes.	June 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Ufreg Sutton	Alice C. Sipp
RESIDENCE	Moore.	Moore
COLOR	Light	Dark
AGE AT LAST BIRTHDAY (Years)	28.	23.
BIRTHPLACE	Gunnison. Utah	Iowa State.
OCCUPATION	Farmer	Housework.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. June 22 1913 at 5:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 1 19 13 Robert L. Sneed

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

296-229-007-653

PLACE OF BIRTH

[redacted]. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital

Registration District No. 21 File No. 14436

Primary Registration District No. 2025 Registered No. 59

FULL NAME OF CHILD Elossie Rose Brough

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 2-9, 1913

FATHER		MOTHER	
FULL NAME	Charles L. Brough	FULL MAIDEN NAME	Delpha Rose Wells
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Miriam Kansas	BIRTHPLACE	Long-View Illinois
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. B. Howard

Midwife (Physician or Midwife)

Address Carey Idaho

Given name added from a supplemental report

....., 19.....

Filed June 15 19 13 Robert H. Wright Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 23 1942

81K2071007-168

PLACE OF BIRTH

County of Blaine

City of Broadford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 14437

Primary Registration District No. 2022 Registered No. 58

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 7 1913

FATHER		MOTHER	
FULL NAME	N. P. Hadley	FULL MAIDEN NAME	Ethel Johnson
RESIDENCE	Broadford	RESIDENCE	Broadford
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raak M.D.

(Physician or midwife)

Address Hailey Idaho

Filed June 15 19 13 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

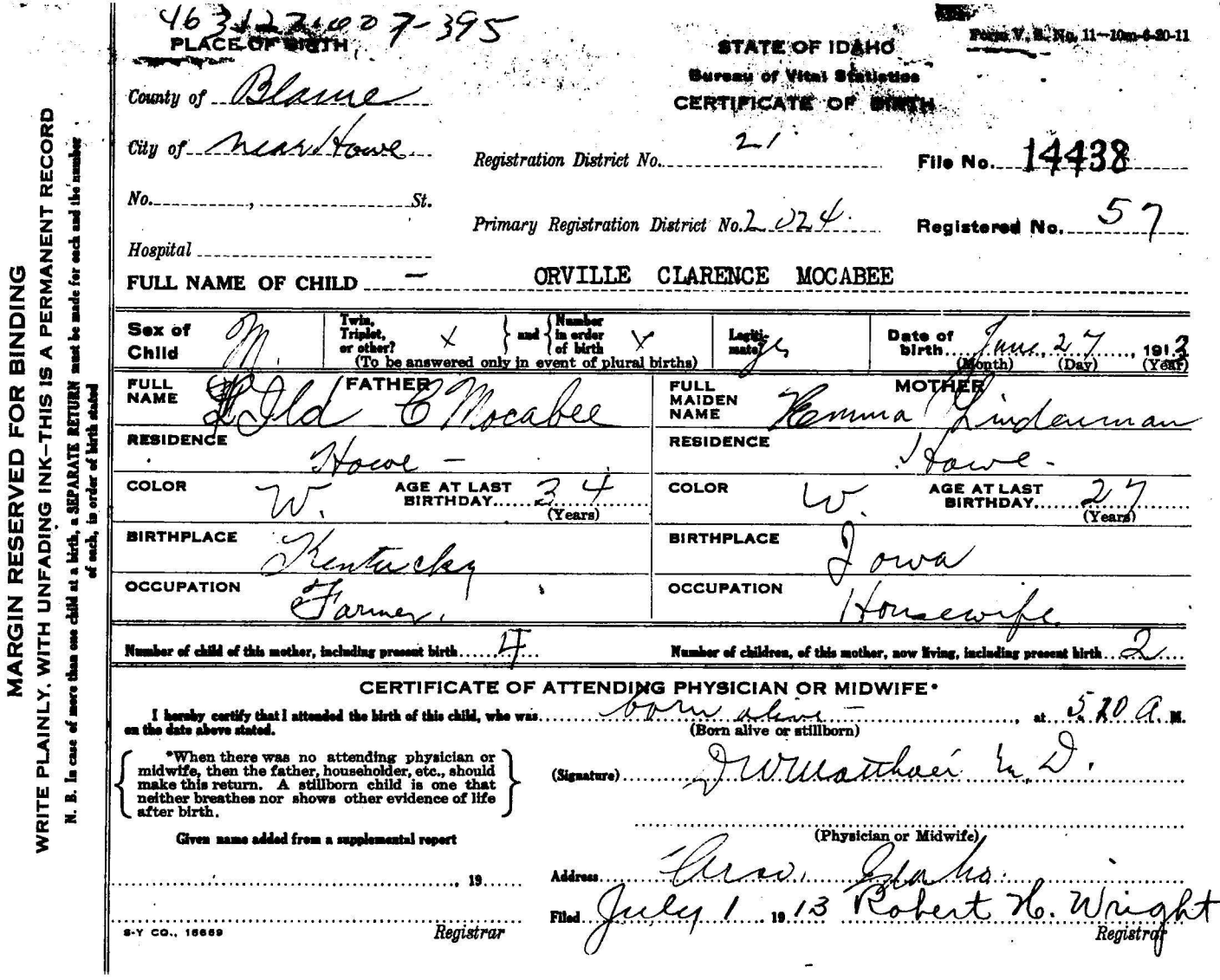
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1972



463123007-395

PLACE OF BIRTH

Form V. S. No. 11—10m-4-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Hovel

Registration District No. 21

File No. 14438

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 57

Hospital ____

FULL NAME OF CHILD — ORVILLE CLARENCE MOCABEE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X	X	Y	June 27, 1913

FATHER	MOTHER
FULL NAME Edd C Mocabee	FULL MAIDEN NAME Emma Lindeman
RESIDENCE Hovel -	RESIDENCE Hovel -
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Iowa
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive — at 5.10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Matthaei M. D.
(Physician or Midwife)

Address Hovel, Idaho

Filed July 1 19 13 Robert H. Wright
Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Carbon } ss.

Certificate No. 14438

Date Filed MAR 25 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1913 (Date of Event)
in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Orville Clarence Mocabee

Subscribed and sworn to before me this 23 day of March, 1942

Notary Public, residing at Bozeman Mont

My commission expires March 8 1945

(Seal)

Signed Ird C. Mocabee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Joliet Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Carbon } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 1942

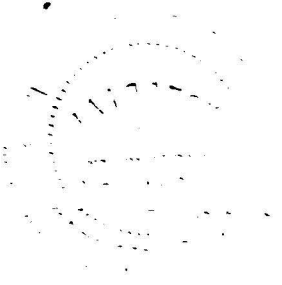
Notary Public, residing at Bozeman Mont

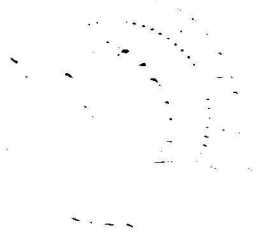
My commission expires March 8 1945

(Seal)

Signed Lester David Mocabee
(Signature of Any Credible Person Other Than Previous Year)

Joliet Mont.
(Street Address, City, State)





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

265 [redacted] 435-299

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Webb

Registration District No 16 File No. 14439

No ____, ____ St.

Primary Registration District No. 2117 Registered No. 130

Hospital ____

FULL NAME OF CHILD not Known Frank Swenson -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	5 - 28 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Birch Swenson -	Maria Kristensen
RESIDENCE	Webb.	Webb.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	37.
BIRTHPLACE	Denmark.	Denmark.
OCCUPATION	Farmer.	House wife.

Number of child of this mother, including present birth 5.

Number of children, of this mother, now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Allen

(Physician or ~~Midwife~~)

Address Lapwai Idaho

Given names added from a supplemental report

5-27 1913

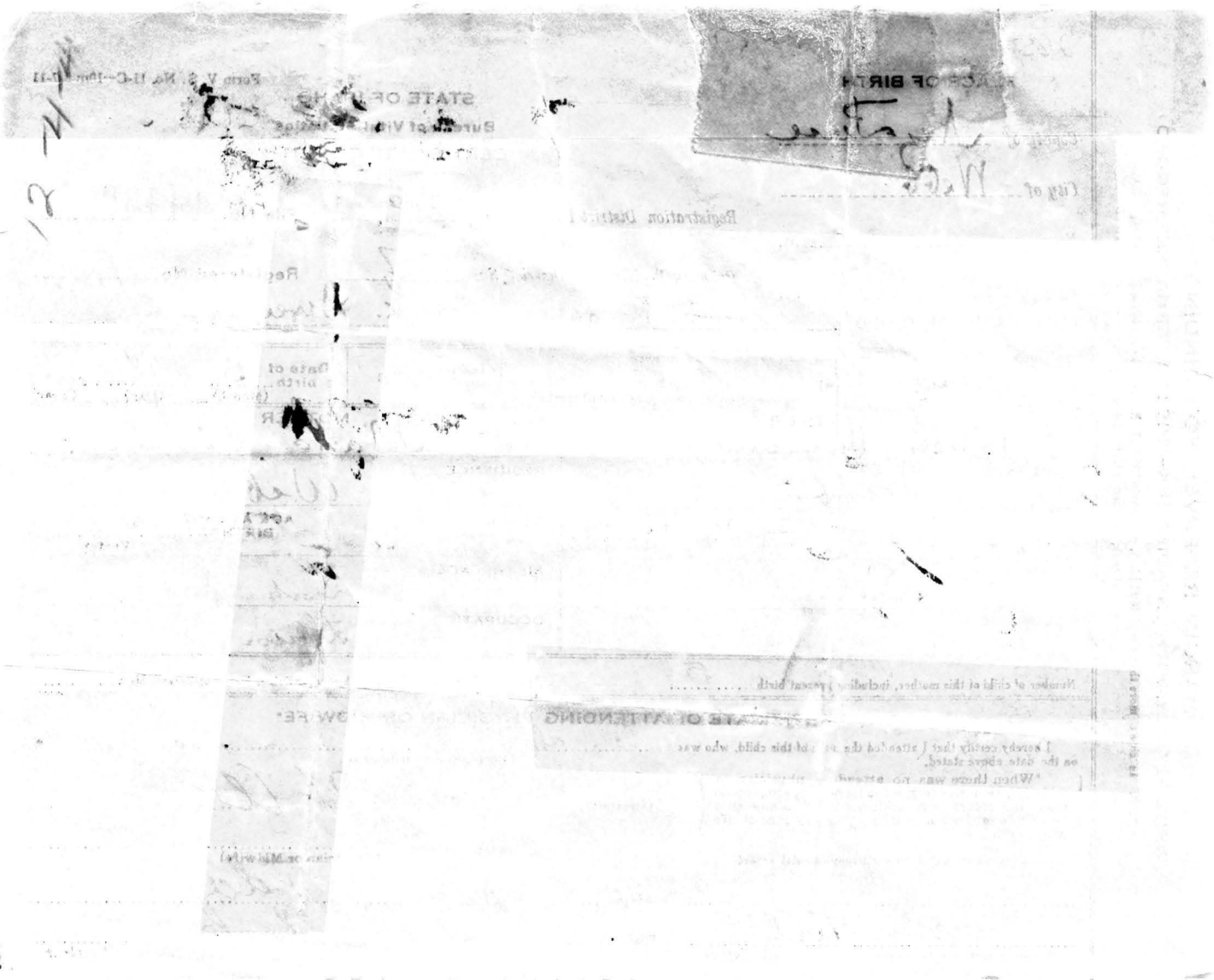
John N. Allen

Registrar

Filed July 10 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

795-001-035-753

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 16 File No. 14440

Primary Registration District No. 1009 Registered No. 131

Hospital .....

FULL NAME OF CHILD Roza Greco

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Greco	Mary Recora
RESIDENCE	E. Lewiston	E. Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Italy	Italy
OCCUPATION	Fruit Orchardist	Housewife

Number of child of this mother, including present birth ... Five

Number of children, of this mother, now living, including present birth ... Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Marcellis

Lewiston, Ida.
(Physician or Midwife)

Address 2408 - 8th St

Given names added from a supplemental report

....., 19.....

Filed July 10, 1913 L. J. Parker
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 3 1971

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-2091035-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 1C

File No. 14441

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 132

Hospital ____

FULL NAME OF CHILD Virginia May Strawhan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2d	yes	June 9, 1913

FATHER		MOTHER	
FULL NAME	Clyde C Strawhan	FULL MAIDEN NAME	Anna Gross
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Hurlburt

Physician

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19....

Filed July 10 1913 L. J. Curtis

S-Y CO., 16670

Registrar

Registrar

[illegible]

55-110-035-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No ....., ... St.

Hospital Yes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 14442

Primary Registration District No. 1009 Registered No. 133

FULL NAME OF CHILD Morris Gwinn Evans

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			Yes	June 10th (Month) (Day) 1913 (Year)

FATHER

FULL NAME Lucy S Evans

RESIDENCE Lewiston

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Lewiston Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dora A Gwinn

RESIDENCE Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Pomeroy Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 - a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Monroe M D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 19 13 L J Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

OF BIRTH

File No.

Issued No.

(Year)

713 2/2 1035-955

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14443

Primary Registration District No. 2074 Registered No. 134

FULL NAME OF CHILD Palmer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		no	6 12 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Unknown	Elizabeth Remmguest
RESIDENCE		Ahsahka
COLOR		W
AGE AT LAST BIRTHDAY (Years)		30
BIRTHPLACE		Minn
OCCUPATION		Servant

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6 12 1913 E. E. Watts

July 10-1913 - S J Dickinson Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

735-114-035-235

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No 1022, Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 14444

Primary Registration District No. 1009 Registered No. 135

FULL NAME OF CHILD Claude Samuel Gleny

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	No	June 14th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Gleny	Nellie Stearns
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Laborer	Clerk

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Samuel

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 R. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 5 1956

JAN 16 1943

533-114-035-219

PLACE OF BIRTH

County of Nez Perce

City of Chrsley

No. ..... St.

Hospital .....

Form V. S. No. 11-C ~~Rev. 6-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14445

Primary Registration District No. 2074 Registered No. 136

FULL NAME OF CHILD LeRoy Gis Ellis

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		Yes	4 14 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Ellis	FULL MAIDEN NAME	Ida Bartholomew
RESIDENCE	Chrsley	RESIDENCE	Chrsley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Kolr

midwife
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10-1913 7-7- 1913 E. E. Watts Registrar

L. J. Evans

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of New Plaza

279-215-035-613

PLACE OF BIRTH

County of Nezperce

City of Gifford, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 1" 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14446

Primary Registration District No. 2074 Registered No. 137

FULL NAME OF CHILD Greetis Avo Spivey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Girl	Single	One	Yes	June 15th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Arthur Spivey	FULL MAIDEN NAME	Daisy Walker
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth. One. Number of children of this mother now living, including present birth. One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3 1/2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Hennessey M.D.
(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report

..... 19.....

Filed 7-2- 1913 E. E. Watts
July 10 1913 L. J. Perkins Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)

Subscribed and sworn to before me this 3 day of Feb, 19 47

Notary Public, residing at Boise

My commission expires 7/14/47
(Seal)

Signed Mrs Daisy Spivey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boise Ida RR 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

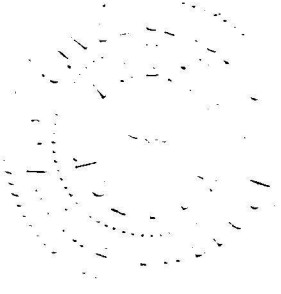
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



FEB 3 1945

ISA IIR-035-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Jammany

No ....., ... St.

Hospital .....

Registration District No 16 File No. 14447

Primary Registration District No. 1009 Registered No. 438

FULL NAME OF CHILD Russell Albert Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18, 1913

FATHER		MOTHER	
FULL NAME	John P Anderson	FULL MAIDEN NAME	Jennie F Anderson
RESIDENCE	Jammany	RESIDENCE	Jammany
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pierre South Decota	BIRTHPLACE	Harrison Township & Gallia Co Ohio
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P M. on the date above stated.

(Born alive ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan E Bruce

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed July 10 1913 L. J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

STATE OF IDAHO

PLACE OF BIRTH

FEB 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

036-19-0075-259

PLACE OF BIRTH

County of Kootenai

City of Wallace

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 14448

Primary Registration District No. 2074 Registered No. 139

FULL NAME OF CHILD John Wesley Scott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 19, 1913

FATHER		MOTHER	
FULL NAME	John N. Scott	FULL MAIDEN NAME	Emma M. Bertschinger
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	Housework

Number of child of this mother, including present birth ... 2 ... Number of children, of this mother, now living, including present birth ... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Scott

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-21 July 10 1913 E. E. Watts Registrar

S-Y CO., 16670

942-22[illegible]0

PLAC[illegible]

[illegible] OF [illegible]

[illegible] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

County of [illegible]

City of [illegible]

Registration District No. 16 File No. 14449

No. ____, ____ St.

Primary Registration District No. 1057 Registered No. 140

Hospital ____

FULL NAME OF CHILD Ruth Anna Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(One)	2	Yes	June 21, 1913

FATHER		MOTHER	
FULL NAME	E. G. Russell	FULL MAIDEN NAME	Mary Richardson
RESIDENCE	Goetzville	RESIDENCE	Cliff
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Colfax Wash
OCCUPATION	Salesman	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Carr

(Physician or ~~Midwife~~)

Address Lacrosse Dakota

Given names added from a supplemental report

____, 19____

Registrar

Filed July 10 19 13 L. J. Colbert

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 5 1975

662-228-032-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 404, 16th Ave St. Registration District No. 1C File No. 14450

Primary Registration District No. 1059 Registered No. 174

Hospital

FULL NAME OF CHILD Hazel Fastle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 22nd 1913

FATHER		MOTHER	
FULL NAME	James Roff Fastle	FULL MAIDEN NAME	Pearl Van Hoozer
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Painter & Paper Hanger	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed June 10 1913 E.J. Craig

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

235-226 35-556

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ben Pierce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 14451

Primary Registration District No. 2074 Registered No. 142

FULL NAME OF CHILD Laura Blewett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Daniel W. Blewett	FULL MAIDEN NAME	Lillian L. Newbrick
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington

(Physician or midwife)

Address Gifford

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 L. J. Perkins

..... Registrar

5-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-2-15-H

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

235.126.035-556

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14452

Primary Registration District No. 2074 Registered No. 143

FULL NAME OF CHILD Lorlen Blewett

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Daniel M. Blewett	FULL MAIDEN NAME	Lillian C. Newbert
RESIDENCE	Gifford Ida	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Miss	BIRTHPLACE	Iowa
OCCUPATION	Trainer	OCCUPATION	H. W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington

(Physician or ~~midwife~~)

Address Gifford

Filed July 10 19 13 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OCT 1 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-12-035-796

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lenore

No. Lenore P.O. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 14453

Primary Registration District No. 2117 Registered No. 144

FULL NAME OF CHILD Henry Levi Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 27, 1912

	FATHER	MOTHER
FULL NAME	Frank H. Martin	FULL MAIDEN NAME Mary Emilie Proper
RESIDENCE	Lenore - Ida	RESIDENCE Lenore, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE Michigan
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jennie Laughlin

Physician

(Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

APR 13 1945

STATE OF IDAHO

PLACE OF BIRTH

213-128-295-597

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Ida

No. 13 St.

Hospital St. Joseph's

Registration District No. 1C

Primary Registration District No. 1005

File No. 14454

Registered No. 145

FULL NAME OF CHILD Bernhard Joseph Baldeck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 28 1913

FATHER		MOTHER	
FULL NAME	Eugene Baldeck	FULL MAIDEN NAME	Elizabeth Nigg
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa (Davenport)
OCCUPATION	Tailor	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-41

MARGIN RESERVED FOR BINDING

THIS IS A PERMANENT RECORD

993-229-035-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 719, 5th Ave

Registration District No. 16 File No. 14455

Hospital

Primary Registration District No. 1009 Registered No. 146

FULL NAME OF CHILD Norma Virginia Richter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 29th 1913

FATHER		MOTHER	
FULL NAME	Spragg Case Richter	FULL MAIDEN NAME	Ruby Lorraine
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	U.S. Meat Inspector	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12— M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed July 10 1918 R.J. Parkes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 10 1970

319-229-035-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez. Perce

City of Lapwai

No. ____, ____ St.

Hospital ____

Registration District No. [redacted]16 File No. 14456

Primary Registration District No. 217 Registered No. 147

FULL NAME OF CHILD Mary E. Larkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		3	yes	6 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Larkum	Mary E. Porter
RESIDENCE	Lapwai	Lapwai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

June 20, 1913

John N. Alley Registrar

(Signature) John N. Alley (Physician or Midwife)

Address ____

Filed July 10 1913 R. J. Perkins Registrar

BYRNES - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m 8-7-11

969-230-035-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Webb

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No [redacted] 16 File No. 14457

Primary Registration District No. 217 Registered No. 148

FULL NAME OF CHILD Anna Zwicker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	6, 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elias Zwicker	Helena Thorlson
RESIDENCE	Webb	Webb
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Germany	North Dak
OCCUPATION	W	W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Anna Zwicker (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

June 30, 1913

John Nalley Registrar

(Signature) John M. Allen (Physician or Midwife)

Address ____

Filed July 10, 1913 L. J. Perkins Registrar

SYMS-YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

299-206-035-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1506, 17th Ave St

Hospital

Registration District No. 16 File No. 14458

Primary Registration District No. 0009 Registered No. 150

FULL NAME OF CHILD Elizabeth Jane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				June 6, 1913

FATHER		MOTHER	
FULL NAME	B. E. Bell	FULL MAIDEN NAME	Daisy Stevens
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Lewiston
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 0 M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Morris

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Lewiston Ida

Filed July 10 1913 L. J. Perkins

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

AUG - 9 1974

Bureau of Vital S...

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No. 14458

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Jane Brill (Name on Original Certificate) who was born (Was Born or Died) on omitted (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the Certificate
true facts are shown by Bible Record, Baptism/ (Bible Record, Insurance Policy, Etc.) prepared on various dates (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	omitted	June 6, 1913

Subscribed and sworn to before me this 1st day of August, 19 74

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 25 June 1977
(Seal)

Signed Barbara Brill Ryan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1550 Willow Oaks Ave San Jose, Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 1974

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 25 June 1977
(Seal)

Signed Arthur L. Barnes
(Signature of Any Credible Person)

Route 2, Hayden Lake Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1/22/74 1cc pd.

Certificate of Baptism from Catholic church in Spokane, Wash gives name as Elizabeth Jane Brill Thompson. Baptized Dec 7, 1938. born June 6, 1913 at Lewiston, Idaho. viewed by V. S.

AUG 14 1974
NOV 24 1975

Photo-copy of page from Family Bible gives name as Elizabeth Jane Brill born June 6, 1913. viewed by V. S.

695-102 [illegible]-693

PLACE OF [illegible]

STATE OF IDAHO
[illegible] OF VITAL STATISTICS
[illegible]RTIFICATE OF BIRTH

Form V. S. No. 22-C—Rev. 9-15-42

County of Clearwater

City of Orofino

Registration District No. 17

File No. 14459

No. ____ St.

Primary Registration District No. 2078

Registered No. 34

Hospital ____

FULL NAME OF CHILD Lester Delmar Fine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	Gola Fine	FULL MAIDEN NAME	Henrietta Williams
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Roswell

Physician
(Physician or midwife)

Address Orofino

Filed July 10 1913 J. M. Daily
Registrar

Given names added from a supplemental report

....19....

....
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1945

533-203-015-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.:

Hospital .....

Form V. S. No. 11-C—20m-2-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14960

Primary Registration District No. 2078 Registered No. 35

FULL NAME OF CHILD Dorothy Grace Eller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	— and —	—	Yes	June 8 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Herbert B Eller	Margaret E Dorothy
RESIDENCE	Near Frazier	Near Frazier
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	26 (Years)
BIRTHPLACE	Indiana	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Norswell

Physician (Physician or midwife)

Address Orofino

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 19 13 J M Fairly Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. - 14460

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for None (Name on Original Certificate) who born (Was Born or Died) on June 8, 1913 (Date of Event)
in Fraser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Shortly after the birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Grace	Grace Dorothy Eller

Subscribed and sworn to before me this 20th day of July 42

Notary Public, residing at Orofino

My commission expires May 10, 1945.
(Seal)

Signed Margaret E Eller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 19 42

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945.
(Seal)

Signed Jennie Myers
(Signature of Any Credible Person Other Than Previous Year)

Green Idaho
(Street Address, City, State)

JUL 23 1942

JUL 27 1942

645, 10 OR-289

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14461

Primary Registration District No. 2075 Registered No. 36

FULL NAME OF CHILD Ernest Howard Funkhouser

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | Legitimate? Yes | Date of Birth: June 10, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Jim Funkhouser	FULL MAIDEN NAME: Nettie Thorsen
RESIDENCE: Orofino, Ida	RESIDENCE: Orofino, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Wn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dailey

Physician

(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

..... 19...

Filed June 11 19 13 J. M. Dailey

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Funkhouser (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 10, 1913 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ernest Howard Funkhouser

Subscribed and sworn to before me this 18th day of
July, 19 74
Notary Public, residing at Spokane, Wash.
My commission expires Oct 31, 1976
(Seal)

Signed Hettie M. Funkhouser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

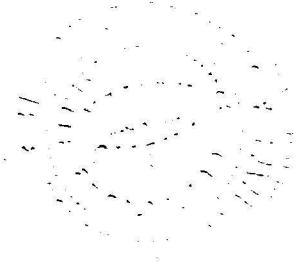
.....
(Street Address, City, State)

FORM DH 60-155 CL 7/9/74

Photo-copy of page from family Bible gives name as Ernest Howard Funkhouser born June 10, 1913. viewed by V. S.

AUG 23 1974

Photo-of insurance policy gives name as Ernest H. Funkhouser born June 10, 1913 issured Aug. 17, 1960. policy no. 60-40466. viewed by V. S.



791-209-008-448

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14462

Primary Registration District No. 2098 Registered No. 37

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 9 1913

FATHER		MOTHER	
FULL NAME	Chester Graves	FULL MAIDEN NAME	Mary Morgan Hart
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Schoolteacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Haines

Physician

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 10 1913 J. M. Haines Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

695-213-018-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 17 File No. 14463

Primary Registration District No. 2078 Registered No. 38

FULL NAME OF CHILD EDITH MINNIE FREAR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Frear	Elizabeth D. Frear
RESIDENCE	Orofino, Idaho	Orofino, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Fairley

Physician

(Physician or midwife)

Address Orofino, Ida

Filed July 1 1913 J. M. Fairley Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 14463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Minnie Frear (Name on Original Certificate) who was born (Was Born or Died) on June 13 - 1913 (Date of Event)
in Orofino Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edith Minnie Frear
Mother's maiden name	Frear	Elizabeth A Frear
Please give mothers maiden name		

Subscribed and sworn to before me this 26
day of February, 1942

Notary Public, residing at Orofino Idaho

My commission expires

(Seal)

Clearwater County, Idaho

Signed Mrs Chas E. Frear mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R F D Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 1942

385-29-08-236

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Ordfino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14465

Primary Registration District No. 2078 Registered No. 40

FULL NAME OF CHILD Grace Elaine Lynch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 29 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Lynch	Alice Cooley
RESIDENCE	Ordfino, Ida	Ordfino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Mich	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lynch

Physician

(Physician or midwife)

Address Ordfino, Ida

Given names added from a supplemental report.

..... 19....

Filed July 1 19 13 J. M. Lynch

Registrar

S-Y CO. 24655

Registrar

264-219-018-315

Amended 10-3-73

(Be sure the information is complete and accurate)

State File No. 14466
Local Reg. No. 41
Reg. Dist. No. 17

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Clearwater

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Clearwater

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Kathryn b. (Middle): Mabel c. (Last): Komm

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 19 (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): August b. (Middle): Frederick c. (Last): Komm

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Michigan

10. USUAL OCCUPATION: Miner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bessie b. (Middle): Mable c. (Last): Landes

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Indiana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE:

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED: July 1, 1913

21. DATE REC'D BY LOCAL REG.: July 1, 1913

22. REGISTRAR'S SIGNATURE: J. M. Fairly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...TAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1950 Rev. 1-1-18

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 14466

Primary Registration District No. 2028 Registered No. 41

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Romm	FULL MAIDEN NAME	Bessie Landis
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Indiana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed July 1 1913 J. J. Hindeberg
Registrar

..... Registrar

S-Y CO. 24655

OCT 3 1973

JAN 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9-28-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 3 12 55 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 14466

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Komm (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1913 (Date of Event)

in Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Kathryn Mabel Komm
Father's name	Guss	August Frederick Komm
Mother's name	Bessie Landis	Bessie Mable Landes

Subscribed and sworn to before me this 28th day of Sept, 19 73

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Hope M. Bonner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mossy Rock, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

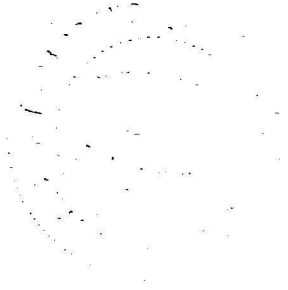
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60. 155

Family Bible Record gives name of father as August Frederick Komm and mother as Bessie Mable Komm. Kathryn Mabel is listed as child born June 19, 1913. Bible record obviously old.
Viewed by V.S.

Memory Book and obituary gives father's name as August Frederick Komm who died November 9, 1952. Wife's name was given as Bessie Mable Landes. Surviving relatives included daughter Kathryn Mabel Komm. Book dated at time of death.
Viewed by V.S.



355-107-018-258

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Nyssa

No. ..... St.

Hospital .....

Registration District No. 17 File No. 14467

Primary Registration District No. 2078 Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Edward Ferd	FULL MAIDEN NAME	Grace Snyder
RESIDENCE	Nyssa, Ida	RESIDENCE	Nyssa, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	W. Va.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed July 1 1913 J. K. Gentry

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1975

386-120-019-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C ~~Rev. 6-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 15 File No. 14468

Primary Registration District No. 1008 Registered No. 175

FULL NAME OF CHILD ~~Not Named~~ Aubrey Allen Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 20 1913

FATHER		MOTHER	
FULL NAME	E. O. Thompson	FULL MAIDEN NAME	Maggie Morgaridge
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb
OCCUPATION	Drayman	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7-a M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 30 19 13 D. F. Rae

S-Y CO. 20174 Registrar Registrar

Form V.S. No. H-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

543-119:029-363

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14469

Primary Registration District No. 1008 Registered No. 170

FULL NAME OF CHILD Donald Audrey Nichols

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	April 19 1913

FATHER		MOTHER	
FULL NAME	E. W. Nichol	FULL MAIDEN NAME	Ella Cole
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

J. Moscow (Physician ~~or midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 30 1913 S. T. Rue Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 20 1953

292-108-029-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Idaho Hotel St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14470

Primary Registration District No. 1008 Registered No. 165

FULL NAME OF CHILD Carl Harold Kissner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 8 1913

FATHER		MOTHER	
FULL NAME	Herbert Kissner	FULL MAIDEN NAME	Ella Maneen
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Vale Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Celan L. Gutman
M. D. L. H. C.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 12 1913

E-Y CO. 20174

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

969-119-029-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida.

No. 727 S. Adams St.

Hospital

Registration District No. 15 File No. 14471

Primary Registration District No. 1008 Registered No. 162

FULL NAME OF CHILD Alvin Gerard Roice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	June 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John L. Roice	FULL MAIDEN NAME	Dorothea Otness
RESIDENCE	Moscow, Ida.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minnesota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman
Pen. H. C.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 20 1913

D. F. Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form VS-[illegible]-2Mm-2-15-13

285·119·039-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form Vit. Stat. No. 15-C—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 10 File No. 14472

Primary Registration District No. 1008 Registered No. 161

FULL NAME OF CHILD JESSE JAMES BYERS

Sex of Child: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: June 19 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	H. B. Byers	FULL MAIDEN NAME	Lizzie B. Smallwick
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	H. W.

*Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Ashway M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 E. F. Rair Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. 14472
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Jesse James Byers (Birth or death)
for "surname" Byers (Name on original certificate) who was born on June 14 - 1913 (Was born or died) (Date of event)
in Moscow, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my memory (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Beyers	Byers
Name	Unnamed	Jesse James Byers

Subscribed and sworn to before me this 31st
day of December, 1941.
E. L. Brooke
Notary Public, residing at Troy Ida
My commission expires Aug 1st 1945
[SEAL]

Signed Clark Byers (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Troy Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of December, 1941.
E. L. Brooke
Notary Public, residing at Troy Ida
My commission expires Aug 1st 1945
[SEAL]

Signed Paul Shepherd
(Signature of any credible person other than the previous affiant.)
Troy Ida
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JAN 7 1942

947-203-019-259

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. .....

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14473

Primary Registration District No. 1008 Registered No. 172

FULL NAME OF CHILD Dorothy J. Ruggles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			2	yes	April 3 1913

FATHER		MOTHER	
FULL NAME	Judson G. Ruggles	FULL MAIDEN NAME	Mary Bernat
RESIDENCE	Moscow	RESIDENCE	
COLOR	Whit	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Miss
OCCUPATION	Printer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 30 19 13 L. F. Rae

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

City of _____

SEP 19 1954

JUL 9 1954

469-213-029-695

Form V. S. No. 11-C—20m-2-15-30

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10

File No. 14474

Primary Registration District No. 1005

Registered No. 174

FULL NAME OF CHILD Ruth Evalin Morton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	April 13 1913

FATHER		MOTHER	
FULL NAME	R. H. Morton	FULL MAIDEN NAME	Mae Wiesanga
RESIDENCE	Moscow	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

J. Moscow

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 D. F. Rae

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—Dec. 15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 7 1972

415 - [illegible] - 1913

County of Latah

City of Moscow

No. ..... St.

(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14475

Registration District No. 15 State File No. .....

Prim. Registration District No. 1008 Local Registrar's No. 169

2. FULL NAME OF CHILD Alice Marie Davis

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth May 21, 1913 (Month, Day, Year)

FATHER

9. Full name: G. C. Davis

10. Residence (usual place of abode) (If non-resident, give place and State): Moscow

11. Color or race: W | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Mo

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Ethel Anderson

19. Residence (usual place of abode) (If non-resident, give place and State): Moscow

20. Color or race: Wh | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Mo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 6:00 (Born Alive or Stillborn) at a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. N. Clarke, M. D.

or ....., Midwife

Address Moscow

Filed June 30, 1913, ... D. F. Ross Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of multiple births, a separate Return must be made for each, and the number of each, in order of birth, one child

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Chelan }

Certificate No. 4475

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Alice Marie Davis (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on May, 21st, 1913, (DATE OF EVENT) in Moscow, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Alice Marie Davis

Subscribed and sworn to before me this 22nd day of April, 19 42

Notary Public, residing at Wenatchee

My commission expires April, 26, 1945. (SEAL)

Signed Ethel Bell Davis mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

528 Orondo St. Wenatchee Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

MAY 15 1942

279-226-029-955

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14476

Primary Registration District No. 1008 Registered No. 168

FULL NAME OF CHILD Mabel Prescilla Spitter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 26 1913

FATHER		MOTHER	
FULL NAME	O. M. Spitter	FULL MAIDEN NAME	Bessie Rendell
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ony
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 D. F. Rae

..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 19 1944

238-22?-029-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Aspray

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14477

Primary Registration District No. 1028 Registered No. 167

FULL NAME OF CHILD Therese Leola Schlueter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	May 27 1913

FATHER

FULL NAME Otto F. H. Schlueter

RESIDENCE Moscow

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Hannover Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Novella J. Moore

RESIDENCE Moscow

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Minn. Iowa

OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D. (Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 30 19 13 D. F. Parr Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1942

845-203-029-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Asbury

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 14478

Primary Registration District No. 1008 — Registered No. 166

FULL NAME OF CHILD Mary Louise Hunter

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	June 3 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME William J. Hunter

RESIDENCE Moscow

COLOR White — AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Waverly Ill

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Minnie Barton

RESIDENCE Moscow

COLOR White — AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Moscow Ida.

OCCUPATION H. W.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asbury M.D.

(Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report

..... 19.....

Filed June 10 1913

S-Y CO. 20174

..... Registrar

E. F. Rae Registrar

APR 1 6 1970

DEC 9 1942

256-22-3-079-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14479

Primary Registration District No. 1088 Registered No. 177

FULL NAME OF CHILD Verla C. Snowden

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes.	June 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. E. Snowden	Ina C. Bailey
RESIDENCE	Moscow	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Mich	Neb.
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9-P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed June 30 19 13 L F Rau

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 2 9 1975

363-220-029-793

PLACE OF BIRTH

Amended 9-21-76

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14480

Primary Registration District No. 1008 Registered No. 176

FULL NAME OF CHILD Mildred Lucile Collins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 20 1913

FATHER		MOTHER	
FULL NAME	Fred H. Collins	FULL MAIDEN NAME	Cora Gilbreth
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Letter carrier	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 P M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke (Physician or midwife)

Address Moscow

Given names added from a supplemental report

____ 19____

Filed June 30 19 13

____ Registrar

D. F. Rae Registrar

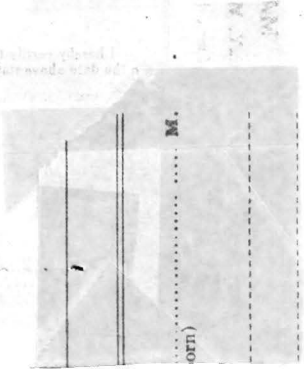
B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1976



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 10 41 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14480
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mildred Luelle Collin (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1913 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mildred Luelle Collin	Mildred Lucille Collins
father's name	Fred Collin	Fred Heath Collins
* mothers name	Cora Gilbreth	Clara Orvilla Gilbreth

Subscribed and sworn to before me this 20th day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; ~~of attendant~~, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September 1976

Notary Public, residing at Mtn. Home, Idaho
My commission expires June 25, 1980
(Seal)

Signed Lawrence H. Higginson
(Signature of Any Credible Person)

530 E. 10th N Mtn. Home, Idaho
(Street Address, City, State)

FORM DH 60.155

CL 7/6/76 1cc pd.* birthdate June 21, 1913 June 20, 1913

Olympic National Life Ins. Co. gives name of child as Mildred Lucille Collins Luce. Age 32 in September 22, 1945. born June 20, 1913. Policy # 6386.
Viewed by V.S.

SEP 21 1976

Certificate of marriate issued by the State of Washington, County of Whitman gives Bride's name as Mildred Lucile Collins married to Bender A. Luce on July 21, 1932. Lew Brown, Minister, Colfax, Washington.
Viewed by V.S.

A sister's birth certificate gives name of parents as Fred H. Collins and mother as Clara Gilbreth. Sister born January 29, 1919 in Moscow, Idaho, Certificate # 65595.
Viewed by V.S

242-205-029-433

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Inland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14481

Primary Registration District No. 1008 Registered No. 174

FULL NAME OF CHILD Mary L. Bush

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	1	Yes	May 5th 1913

FATHER	MOTHER
FULL NAME: Ben E Bush	FULL MAIDEN NAME: Caroline L McConnell
RESIDENCE: Moscow Idaho	RESIDENCE: Moscow Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Oregon
OCCUPATION: Timber Expert	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Adair M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 D F Rae

..... Registrar

Registrar

R-Y CO. 20174

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

613-121-029-599

PLACE OF BIRTH

County of Latah

City of Moscow

No. 221 E. A. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14482

Primary Registration District No. 1008 Registered No. 179

FULL NAME OF CHILD Richard Donald FALIQUIST

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 21, 1913

FATHER	MOTHER
FULL NAME: John Faliquist	FULL MAIDEN NAME: Esther R. Erickson
RESIDENCE: Moscow, Idaho	RESIDENCE: Moscow, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Helena, Mont.
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wirt M.D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 30 1913 J. F. Rae

Registrar

S-Y CO., 15670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 8 1942

466-220-029959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No Aspray Hospital St.

Hospital

Registration District No. 15 File No. 14483

Primary Registration District No. 1008 Registered No. 186

FULL NAME OF CHILD Frances Jeanne [redacted] Mowre

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	First	Yes	June 20th 1913

FATHER		MOTHER	
FULL NAME	A. Edwin Mowre	FULL MAIDEN NAME	Anna H. Geigler
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bloomfield, Iowa	BIRTHPLACE	Pendleton, Ore.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Caspray M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 2 1913

S. F. Rae
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

385-d19-029-255

PLACE OF BIRTH

Form V.S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Viola

Registration District No. 15

File No. 14484

No. ....., ... St.

Primary Registration District No. 2062

Registered No. 178

Hospital .....

FULL NAME OF CHILD BONIETA FAY Lynch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	April 19, 1913

	FATHER	MOTHER
FULL NAME	John Roy Lynch	Viola Emma Kemp
RESIDENCE	Viola Ida	Viola
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	18 (Years)
BIRTHPLACE	Caniah Wash	Dayton Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo J. F. Garvin

(Physician or Midwife)

Address Viola Idaho

Given names added from a supplemental report

....., 19.....

Filed June 12 19 13 S. F. Rae

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 14484

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ila Dean Lynch (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 19, 1913 (DATE OF EVENT)
in Viola, Idah (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 22, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ila Dean Lynch	Bonieta Fay Lynch

Subscribed and sworn to before me this 4
day of December, 1942

Murray Estes
Notary Public, residing at Moscow
My commission expires Aug. 1944
(SEAL)

Signed Orpha Garvin R.N.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
406 S. Jefferson St. Moscow Ida.
(STREET ADDRESS, CITY, STATE)
I attended the mother at this birth

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of December, 1942

Murray Estes
Notary Public, residing at Moscow
My commission expires Aug. 1944
(SEAL)

Signed Mrs Viola Lynch - Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Moscow, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 12 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-12 9 029-683

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14485

Primary Registration District No. 2062 Registered No. 173

FULL NAME OF CHILD J. Vance McBride

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1st	Yes	May 24 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J. H. McBride	FULL MAIDEN NAME Josie Wiley
RESIDENCE Latah Co.	RESIDENCE Latah Co.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Putnam Co Ind.	BIRTHPLACE Crawford Co Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 24th at 11 [illegible] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Palouse

..... 19.....

Filed June 1 1913 S. F. Rue

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 6 1974

295-103-029-386

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

14486

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 2068 File No. .....

Primary Registration District No. 15 Registered No. 180

FULL NAME OF CHILD Donald King

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	June 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer King	FULL MAIDEN NAME	Emma Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Hamet

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/5 1913 P. C. Hamet Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1954

AUG 23 1972

669-126-029-789

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 14487

Primary Registration District No. 2127 Registered No. 25

FULL NAME OF CHILD Frances Mitchell Forest

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	May 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. Michael Forest.	Ida Phillips
RESIDENCE	Juliaetta Ida.	Juliaetta, Ida.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Nor. Dak.	Nor. Dak.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6, a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe

Physician (Physician or Midwife)

Address Juliaetta Ida.

Given names added from a supplemental report

....., 19.....

Filed May 27 1913 S. A. Roe

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1947

664-11-089-957

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14488

Primary Registration District No. 2127 Registered No. 164

FULL NAME OF CHILD NEAL LeROY FOUST

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	May 11 1913

FATHER

FULL NAME Robert F. Foust

RESIDENCE Juliaetta Ida.

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Tennessee

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Mary L. Regester

RESIDENCE Juliaetta Ida.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Penna.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Rae M.D

Physician (Physician or midwife)

Address Juliaetta Idaho

Filed May 12 19 13 L. A. Rae Registrar

Given names added from a supplemental report

....19....

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 14488

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Foust (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1913 (Date of Event) in Gilbertta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Elder Brothers (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Neil LeRoy Foust

Subscribed and sworn to before me this 16 day of May, 1942.

Barbara W Lewis
Notary Public, residing at Nampa Idaho
My commission expires Sept 5 - 1944
(Seal)

Signed N. T. Foust
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nampa, Idaho Route 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

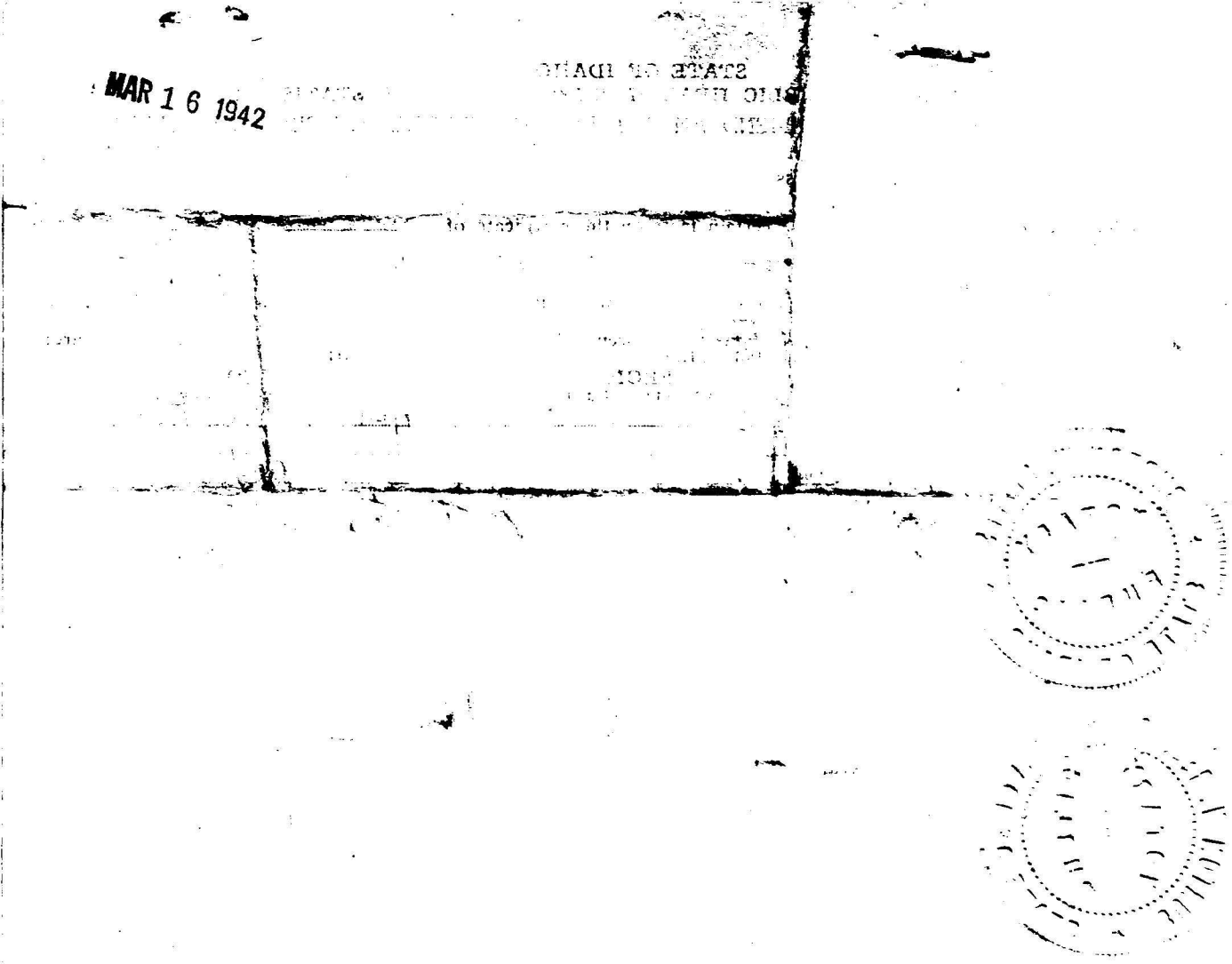
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1942.

Barbara W Lewis
Notary Public, residing at Nampa Idaho
My commission expires Sept 5-1944
(Seal)

Signed Albina Foust
(Signature of Any Credible Person Other Than Previous Year)

Nampa Idaho Route 4
(Street Address, City, State)


MAR 1 6 1942

893.18.029.731

PLACE OF BIRTH

County of Lake

City of Geneseo

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14489

Primary Registration District No. 2063 Registered No. 181

FULL NAME OF CHILD John Wesley Hickman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	6 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. P. Hickman	FULL MAIDEN NAME	Lucie Platt
RESIDENCE	Geneseo	RESIDENCE	Geneseo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. C.	BIRTHPLACE	S. Dak.
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Gone alive, at 12 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. N. Ehrenwerth M.D.

(Physician or midwife)

Address Geneseo Idaho

Filed June 22 1913 W. N. Ehrenwerth

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/18/41 rmf

515-26-029-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14490

Primary Registration District No. 2063 Registered No. 182

FULL NAME OF CHILD Alice Vanouck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin	second	Yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Elmer Vanouck	FULL MAIDEN NAME	Flora Wood
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2 none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Coll

Physician (Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-27 1913 W T Cohen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

515-226-0029-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 14491

Primary Registration District No. 2062 — Registered No. 183

FULL NAME OF CHILD Helen Faunck

Sex of Child	Twin, (Triplet or other)? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	First	Yes	June 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Faunck	Elena Wood
RESIDENCE	Genesee Idaho	Genesee Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Michigan	Ohio
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) John Call

Physician (Physician or Midwife)

Address Genesee Idaho

Filed June 27 1913 W. H. Ehrem

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V. S. No. II-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Idaho

B1K-186-029-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elah

City of Genesee — Registration District No. 15 — File No. 14492

No. ____ St. — Primary Registration District No. 2063 — Registered No. 184

Hospital ____

FULL NAME OF CHILD Wayne Wendell Hampton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6 6 1913

FATHER		MOTHER	
FULL NAME	Fred B Hampton	FULL MAIDEN NAME	Victoria Mathews
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	N.C.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tramey M.D.

Genesee Idaho (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 6-23 1913 W. N. Coleen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's ~~Birth~~ Cert. on file: (Idaho Birth) #49-0197[illegible] gives full name of father as - - Wayne Wendell Hampton, born in Genesee, Idaho - viewed by V.S. and Genesee, Idaho Public Schools Record, Elementary Record, date entered school-Sept. 1920, age 7, grade 2, gives full name of student as Wayne Wendell Hampton, born June 6, 1913 at Genesee, Idaho - parents names are given as Fred B. Hampton and Victoria Hampton - record has been signed by Jordon S. Kanikkeberg - Superintendent - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of) Certificate No. 14492
ss.
County of) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hampton (Name on Original Certificate) who born (Was Born or Died) on June 6, 1913 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne Wendell Hampton

Subscribed and sworn to before me this 21 day of April, 1961

Notary Public, residing at Genesee Idaho
My commission expires 9/8/63
(Seal)

Signed Roy Evans.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of April, 1961

Notary Public, residing at Genesee Idaho
My commission expires 9/8/63
(Seal)

Signed Mary W. Hermanns
(Signature of Any Credible Person)

Genesee Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 5-2-60. nm

APR 26 1961

Amended 2/24/69

122-12-4-25-295

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14493
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Idaho	a. STATE: Idaho b. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Weston	Joseph	Abbott

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 21 1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	George	W	Abbott

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
42 YEARS	Maine	Engineer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Amelia		Bielenberg

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
31 YEARS	Wash.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Aemlia Abbott

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
C. F. Tuomy, M.D.	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Genesee	20. DATE SIGNED: June 27, 1913

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED
June 27, 1913	W. H. Ekleu	BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Geneper

City of Idaho

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14493

Primary Registration District No. 2063 Registered No. 185

FULL NAME OF CHILD Austin Henry Joseph Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				6 21 1913

FATHER		MOTHER	
FULL NAME	George W Abbott	FULL MAIDEN NAME	Cecelia Bulcomb
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Thorny M D

Geneva Idaho (Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 27 1913 W N Blaine Registrar

S-Y CO. 20174

FEB 13 1969

2-13-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 24 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14493

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Weston Henry Joseph Abbott (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1913 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Metropolitan Life Ins. (Bible Record, Insurance Policy, Etc.) prepared on June 22, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Weston Henry Joseph Abbott	Weston Joseph Abbott

Subscribed and sworn to before me this 16 day of FEBRUARY, 19 69

Notary Public, residing at 403 E. Thomas Seattle Wash
My commission expires May 13, 1969
(Seal)

X Signed Georgene Abbott Nebgoard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Georgene Abbott Nebg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

403 E. Thomas Seattle, Washington 98102

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of FEBRUARY, 19 69

Notary Public, residing at 403 E. Thomas Seattle Wash
My commission expires May 13 1969
(Seal)

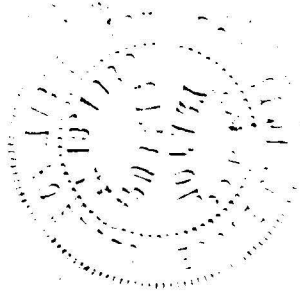
Signed Agnes M. Krisk (Agnes M. Krisk)
(Signature of Any Credible Person)
4501 McKinley Ave Tacoma Wash
(Street Address, City, State)

FORM DH 60-155

Honorable Discharge from teh United States Navy. This is to certifiy that Weston Joseph Abbott a Storekeeper First Class is Honorably Discharges from the Personnel Separation Center, USNB, Bremerton, Washington and from teh Naval Service of the Unites States this February 4, 1946. Vol 10 Page 593. Viewed By VS.

FEB 24 1969

Life insurance policy from Metropolitan Life Insurance Company insuring the life of West J. Abbott. Countersigned June 22, 1932. Viewed by VS.



Amended 8.25.69

249-109-029-413

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14494
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): MELVIN

b. (Middle): ADOLPH

c. (Last): SMITH

4. SEX: Male

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH — (Month): June (Day): 9 (Year): 1913

FATHER OF CHILD

7. FULL NAME

a. (First): John

b. (Middle): A.

c. (Last): Smith

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ohio

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ida

b. (Middle):

c. (Last): Dalin

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweden

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. Olson

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Troy, Idaho

20. DATE SIGNED: June 16, 1913

21. DATE REC'D BY LOCAL REG.: June 16, 1913

22. REGISTRAR'S SIGNATURE: J. W. Olson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED
AUG 20 1969

State of Idaho } ss.
County of Latah }

Certificate No. 14494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Adolph John Smith (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1913 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Adolph John Smith	Melvin Adolph Smith

Subscribed and sworn to before me this 18th day of August, 1969

Notary Public, residing at Troy, Idaho

My commission expires My commission expires August 1, 1973 (Seal)

Signed Melvin Adolph Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of August, 1969

Notary Public, residing at Troy, Idaho

My commission expires ~~My commission expires August 1, 1973~~ (Seal)

Signed Agnes Peterson
(Signature of Any Credible Person)

Troy, Idaho
(Street Address, City, State)

FORM DH 60-155 WWB letter 7-10-69 nm

Statement from Troy Lutheran Chruch gives name as Melvin Adolf Smith born June 9, 1913. Son of John and Ida Smith. Signed by Gary L. Brenna, Pastor. Viewed by V. S.

Statement from Whitepine School District No. 284 gives name as Melvin A. Smith son of John and Ida Smith. Signed by Roger Swanson. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 15 File No. 14494

Primary Registration District No. 2065 Registered No. 187

FULL NAME OF CHILD Adolph John Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 9 1913

FATHER		MOTHER	
FULL NAME	John A. Smith	FULL MAIDEN NAME	Ida Dalin
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 6 1913, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 16 1913 J. W. Olson Registrar

8-Y CO. 20174

AUG 25 1969

AUG 28 1975

amended 2/22/17
212-20-01K 384

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Hospital No.

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14495

Primary Registration District No. 2005 Registered No. 155

FULL NAME OF CHILD Dorothy Helen Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	July 7 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. Baker	FULL MAIDEN NAME	Marguerite Cyman
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	whi[illegible]	COLOR	whi[illegible]
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mueller

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Filed July 9 1913 John S. Meyer
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 7 1976

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14495

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Baker (female) (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1913 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy Helen Baker

Subscribed and sworn to before me this 2nd day of February, 1977

Geraldine Pedroy

Notary Public, residing at Boise, Idaho

My commission expires 4/10/78

(Seal)

Signed Harold L Baker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 1977

Geraldine Pedroy

Notary Public, residing at Boise, Idaho

My commission expires 4/10/78

(Seal)

Signed Harold L Baker

(Signature of Any Credible Person)

1311 W. Washington St

(Street Address, City, State)

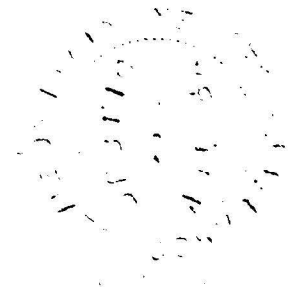
Boise, Idaho.

FORM DH 60-153 CL 2/26/76

FEB 22 1977

Marriage certificate #3035, Humboldt County, Nevada, dated November 22, 1946, signed by G. W. Forman, Methodist Minister, gives name as Dorothy Helen Baker (groom: George F. Rambo) -- viewed by V.S.

High school diploma, Caldwell High School, Caldwell, Idaho E.P.Baird, Supt. dated May 22, 1931 gives name as Dorothy Helen Baker. -- viewed by V.S.



968-12-7c014-319

PLACE OF BIRTH

County of Canyon.

City of Caldwell

No. 1100 Everett St.

Hospital ////////

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3 File No. 14496

Primary Registration District No. 1005 Registered No. 129

FULL NAME OF CHILD ?Rohde.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1st	Yes	May 27, 13. 191...

FATHER	MOTHER
FULL NAME: Rohde, Peter M.	FULL MAIDEN NAME: Cary, Hazel.
RESIDENCE: Caldwell Ida.,	RESIDENCE: Caldwell Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 18. (Years)
BIRTHPLACE: Wisconsin, Green Bay.	BIRTHPLACE: Minnesota.
OCCUPATION: Electrician.	OCCUPATION: House wife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7,45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. N. Johnson

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 6 1913. John S. Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

659-231-014-753

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14497

Primary Registration District No. 2005 Registered No. 130

FULL NAME OF CHILD Othelle Maude Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	May 31 1913.

FATHER		MOTHER	
FULL NAME	Hiram Kelley Ferguson.	FULL MAIDEN NAME	Mary Maud Peter.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	37.	AGE AT LAST BIRTHDAY (Years)	40.
BIRTHPLACE	Illinois.	BIRTHPLACE	Illinois.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Kelley Physician

(Physician or midwife)

Address Caldwell—Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 7th 1913 John S. Meyer Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 19

958-269-ORY-657

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 2/26/46 CERTIFICATE OF BIRTH

County of Canyon
City of Middleton
No. ____ St.
Hospital ____

Registration District No. 3 File No. 14498
Primary Registration District No. 2005 Registered No. 131

FULL NAME OF CHILD Inez Viva Reynolds
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 4, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Levi Reynolds	FULL MAIDEN NAME: Mary Elizabeth Weaver
RESIDENCE: Middleton	RESIDENCE: Middleton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley
Physician (Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192....
..... Registrar.

Filed June 7, 1913 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958-2051014-651

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 1449

Primary Registration District No. 2003 Registered No. 131

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levi Reynolds	Mary Elizabeth Weaver
RESIDENCE	Middleton	Middleton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kitsey M D

Physician

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1913 John D Meyer Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 14498

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Inez Viva Reynolds (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1913 (Date of Event)
in Middleton Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Public School Records (Bible Record, Insurance Policy, Etc.) prepared on Sept, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Inez Viva Reynolds
birthdate	June 5	June 4, 1913

Subscribed and sworn to before me this 5 day of June, 1945.

Notary Public, residing at Yakima Wash

My commission expires Oct 27-1947
(Seal)

Signed Clarence Zimmerman Principal Yakima Senior High School
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of June, 1945.

Notary Public, residing at Yakima Wash

My commission expires Oct 27-1945
(Seal)

Signed Oval J Reynolds
(Signature of Any Credible Person Other Than Previous Year)

3708 South 1st street
(Street Address, City, State)
Yakima Wash

MAY 17 1965

168-206 : 24-918

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

Registration District No. 3 File No. 14499

Primary Registration District No. 2005 Registered No. 132

FULL NAME OF CHILD — Arlie June Johnston

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	—		—	Yes	6 6 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: C. Ross Johnston	FULL MAIDEN NAME: Lottie Raymond
RESIDENCE: Parma.	RESIDENCE: Parma
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: N. Dakota
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma - Idaho.

Given names added from a supplemental report

....., 19.....

Filed June 17th 1913 John S. Meyer.
Registrar

.....
Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. H-G-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WIFE*

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of CANYON } ss.

Certificate No. 14499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnston (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1913 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arlie J. Johnston
		Arlie June Johnston

Subscribed and sworn to before me this 28th day of July, 1965

Notary Public, residing at Caldwell, Idaho
My commission expires 18th April, 1967
(Seal)

Signed Mrs. Raymond Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1102 Main St Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of CANYON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1965

Notary Public, residing at Caldwell, Idaho
My commission expires 18th April, 1967
(Seal)

Signed Mrs. Ernie Mason
(Signature of Any Credible Person)

1102 Main St Caldwell Ida
(Street Address, City, State)

Form DH 60-155

CL 7-23-65. one copy pd. rec. #17265.

Child's Birth Cert. on file: (Idaho Birth) #441541 gives full maiden name of mother as Arlie June Johnston - viewed by V.S.

NOV 4 1966

Photo Copy of original Social Security Application, dated Oct. 10, 1945 gives full name as Arlie June Johnston, born June 6, 1913, age32, born at Parma, Idaho to Calvin Ross Johnston and Lottie Alice Raymond - viewed by V.S. Social Security No. 519-28-6503 -

313-208-014-619

PLACE OF BIRTH

Form V. S. No. 10C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital No

Registration District No. 3 File No. 14500

Primary Registration District No. 2005 Registered No. 133

FULL NAME OF CHILD Harriet M. Talcott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 8 1913

FATHER		MOTHER	
FULL NAME	A. F. Talcott	FULL MAIDEN NAME	Clara Warner
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	New York	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 11 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (13.11.)

(Physician or ~~midwife~~)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed June 16 1913 Jos. S. Meyers Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 1400

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	Nov 6 1943	June 8-1943

Subscribed and sworn to before me this ..... day of March, 1944.

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Harriett M. Talcott
A. F. Talcott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 13 1944

219-210-014-355

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ////////// St.

Hospital //////////

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6-20-11

Registration District No. 3 File No. 14501

Primary Registration District No. 2005 Registered No. 134

FULL NAME OF CHILD Maude Viola Barney

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	2d.	Yes	6/10/13, 191...

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Martain V. Barney	FULL MAIDEN NAME: Ella Rose Lent
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28. (Years)
BIRTHPLACE: Oneida Iowa.	BIRTHPLACE: Wallowa Wash.,
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) W. N. Johnson

Physician

(Physician or Midwife) Caldwell

Address .....

Filed June 14th 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 14501
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Maude Viola (Name on original certificate) who was born (Was born or died) on June 10, 1913 (Date of event)
in Caldwell (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Father's name	Martain V. Barney	Martin V. Barney
child's name	no name given	Maude Viola Barney
mother's name	Rose Lent	Rose Ella Lent

Subscribed and sworn to before me this 15th day of May, 1941

Magdalene L. Brewer
Notary Public, residing at Boise

My commission expires April 1, 1945
[SEAL]

Signed Martin V. Barney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Caldwell Ida R 3
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1941

Magdalene L. Brewer
Notary Public, residing at Boise

My commission expires April 1, 1945
[SEAL]

Signed Rose Lent Barney
(Signature of any credible person other than the previous affiant)

Caldwell R 3 Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

MAR 1 5 1972

c.c. 5/14/41. w.h.

Amended 2-2-59

PLACE OF BIRTH

128-211401 X-259

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14502

Primary Registration District No. 2005 Registered No. 135

FULL NAME OF CHILD Flo Louise Ashby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 11, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: F. L. Ashby	FULL MAIDEN NAME: Hattie Bergen
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Texas
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S.J. Miller

Physician (Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 16, [redacted] 1913 John S. Meyer Registrar.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Caldwell — Registration District No. 3 — File No. 14502

No. ____ St. — Primary Registration District No. 2005 — Registered No. 135

Hospital No.

FULL NAME OF CHILD Flossie Mary Ashley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 11 1913

FATHER		MOTHER	
FULL NAME	H L Ashley	FULL MAIDEN NAME	Hattie Burgin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Texas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 and

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hon. D. J. Miller (P.M.D.)
(Physician or ~~midwife~~)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 16 1913 John D. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1959

Another childs birth certificate of the parents to correct name of father,
On file Vital Statistics, #5122. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Malheur } ss.

Certificate No. 14502

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Flossie May Ashley (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Flossie May Ashley	Flo Louise Ashby
father's name	F. L. Ashley	F.L. Ashby
Mother's name	Hattie Burgin	Hattie Bergen

Subscribed and sworn to before me this 12th day of December, 1958

Mary Shirley Graham
Notary Public, residing at Vale, Oregon
My commission expires Jan. 22, 1962
(Seal)

Signed Clyde L. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 - Vale, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 1958

Mary Shirley Graham
Notary Public residing at Vale, Oregon
My commission expires Jan. 22, 1962
(Seal)

Signed Beulah Allen
(Signature of Any Credible Person)

Rt 2 - Vale Oregon
(Street Address, City, State)

FORM DPH 55. 155

Friendship Book, obviously old, gives Mother's Name as Hattie M. Bergen viewed by Vital Statistics

Catholic Mass Book, June, 1933, gives name as Flo Louise Ashby given by Father Larkin - viewed by V.S.

Oregon Certificate of Marriage, Aug. 26, 1933 gives name as Flo Louise Ashby - viewed by V.S.

Another Child's Birth Certificate, Idaho Birth, on file - #49965 gives parents names as Francis L. Ashby and Hattie Bergen - viewed by V.S.

Father's Death Certificate, on file, #54-2531 - gives name as Lilburn Ashby - viewed by V.S. July 28, 1954.

Record typewriter ribbon in completing this certificate. Print in ink. Sign with ink. Register with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

219-004-692-

Amended 1-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14503
Local Reg. No. 136
Reg. Dist. No. 3

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Herman b. (Middle): c. (Last): Barber, Jr.

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 11, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Herman b. (Middle): c. (Last): Barber

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town):

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Melana b. (Middle): c. (Last): Wiseman

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ore.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. M. Cole

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Caldwell, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 17, 1913

22. REGISTRAR'S SIGNATURE: John S. Meyer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended Original Certificate of Birth or Death

RECEIVED
NOV 12 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14503

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barber (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Herman Barber, Jr.
Full Maiden Name of Mother	Mollana Wiseman	Melana Wiseman

Subscribed and sworn to before me this 9th day of December, 1965

Notary Public, residing at Salt Lake City, Utah

My commission expires .....

(Seal)

Signed Melana Wiseman Barber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

847 W. 5th S. Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

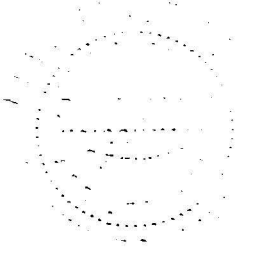
CL 7-2-65. one copy pd. rec. #16501.

Grave Memorial Order, dated June 25, 1956, Memorial Gardens of the Valley, Salt Lake City, Utah - ordered by Herman Barber, Jr. for Herman Barber, Sr. - viewed by V.S.

Military Record, Sept. 17, 1943 gives full name as Herman Barber, Jr., born June 11, 1913 at Caldwell, Idaho - U.S. Navy - viewed by V.S.

Social Security Card, #529-22-2442 gives full name as Melana Wiseman Barber - viewed by V.S.

Certificate of Marriage, County of Washington, State of Idaho, gives full name of groom as Herman Barber and full name of bride as Melaina Wiseman - viewed by V.S.
married Nov. 28, 1906 -



Form V. S. No. 13-C-10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 **File No.** 14503

No. Franklin St.

Primary Registration District No. 1005 **Registered No.** 136

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Borden	Melissa Wiseman
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE		Ore
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth IV

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 17 1913 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1966

316.212 C 9 V-455

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

Registration District No. 3 File No. 14504

Primary Registration District No. 2005 Registered No. 137

FULL NAME OF CHILD ~~Genevra~~ THELMA JUNE Law

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	June 12 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Law	FULL MAIDEN NAME	Ella Hyeck
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 end

Number of children of this mother now living, including present birth 1st alive

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (1374)
(Physician or ~~midwife~~)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed June 16 1913 John D. Meyer
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio } ss.
County of Stark }

Certificate No. 14504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Geneva Law (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 12, 1913 (DATE OF EVENT)
in Greenleaf, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by statement of parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 25, 1943. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Geneva	Thelma June Law

Subscribed and sworn to before me this 25th day of January, 19 43.

E N Harmon

Notary Public, residing at Navarre, Ohio.

My commission expires Aug. 14, 1943.
(SEAL)

Signed John H Law
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R F D #2, Navarre, Ohio Father
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.
County of Stark }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of January, 19 43

E N Harmon

Notary Public, residing at Navarre, Ohio

My commission expires Aug. 14, 1943.
(SEAL)

Signed Ella Ada Law
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R F D #2, Navarre, Ohio. Mother
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 6 1943

845.412-614-8/2

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-43

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14505

Primary Registration District No. 1005 Registered No. 138

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 12 1913

FATHER		MOTHER	
FULL NAME	Roy Hunt	FULL MAIDEN NAME	Pearl Humbert
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb	BIRTHPLACE	Ohio
OCCUPATION	Ry Section Fore	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hunter

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed June 17 1913 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11-0-Bur.-Stat.-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

469-441 C IX-295

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital N/S

Form ... a 11-C—30m-8-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14506

Primary Registration District No. 2005 Registered No. 139

FULL NAME OF CHILD Alvin Thomas Morrison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 14 1913

FATHER		MOTHER	
FULL NAME	Roy Morrison	FULL MAIDEN NAME	Sidonia Sims
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	whi6	COLOR	whi6
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (B.M.)

(Physician or ~~mid~~wife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 16 1913 John S. Meyer Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 14506

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvin Thomas Morrison (Name on original certificate) who was born (Was born or died) on June 14, 1913 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	— — Morrison	Alvin Thomas Morrison

Subscribed and sworn to before me this 17th day of July, 1941.

Olive M Biggs
Notary Public, residing at Boise, Ida.
My commission expires 12/21/43
[SEAL]

Signed Ray L Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Route 1 Wilder, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1941.

Olive M Biggs
Notary Public, residing at Boise, Ida.
My commission expires 12/21/43
[SEAL]

Signed Sidonia R. Morrison
(Signature of any credible person other than the previous affiant)

Route 1 Wilder, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7/1.8/44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-11-04-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form S. B. No. 10-C—50m-6-15-12

County of Canyon

City of Notus.

No. ~ St.

Registration District No. 3 File No. 14507

Primary Registration District No. 2005 Registered No. 140

Hospital

FULL NAME OF CHILD Not named Oscar Leslie McMullen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2nd	yes	June 14" 1913

	FATHER	MOTHER
FULL NAME	Clarence D. McMullen	Florence M. Parker
RESIDENCE	Notus Ida.	Notus Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26"	20"
BIRTHPLACE	Boise Ida.	Mo.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kenny M.D.

(Physician or midwife)

Address Notus Ida.

Given names added from a supplemental report

.....19.....

Filed June 18- 1913 John C. Meyer

.....
Registrar

S-Y CO. 20174

.....
Registrar

3/19/41 L. B.

141-11/4 016-143

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 14508

Primary Registration District No. 2005 Registered No. 141

FULL NAME OF CHILD Thomas GERARD Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	June 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. B Adams	FULL MAIDEN NAME	Eva Jubarn
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Nevada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (M.D.)

(Physician or ~~midwife~~)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed June 16 1913 John D. Myers Registrar

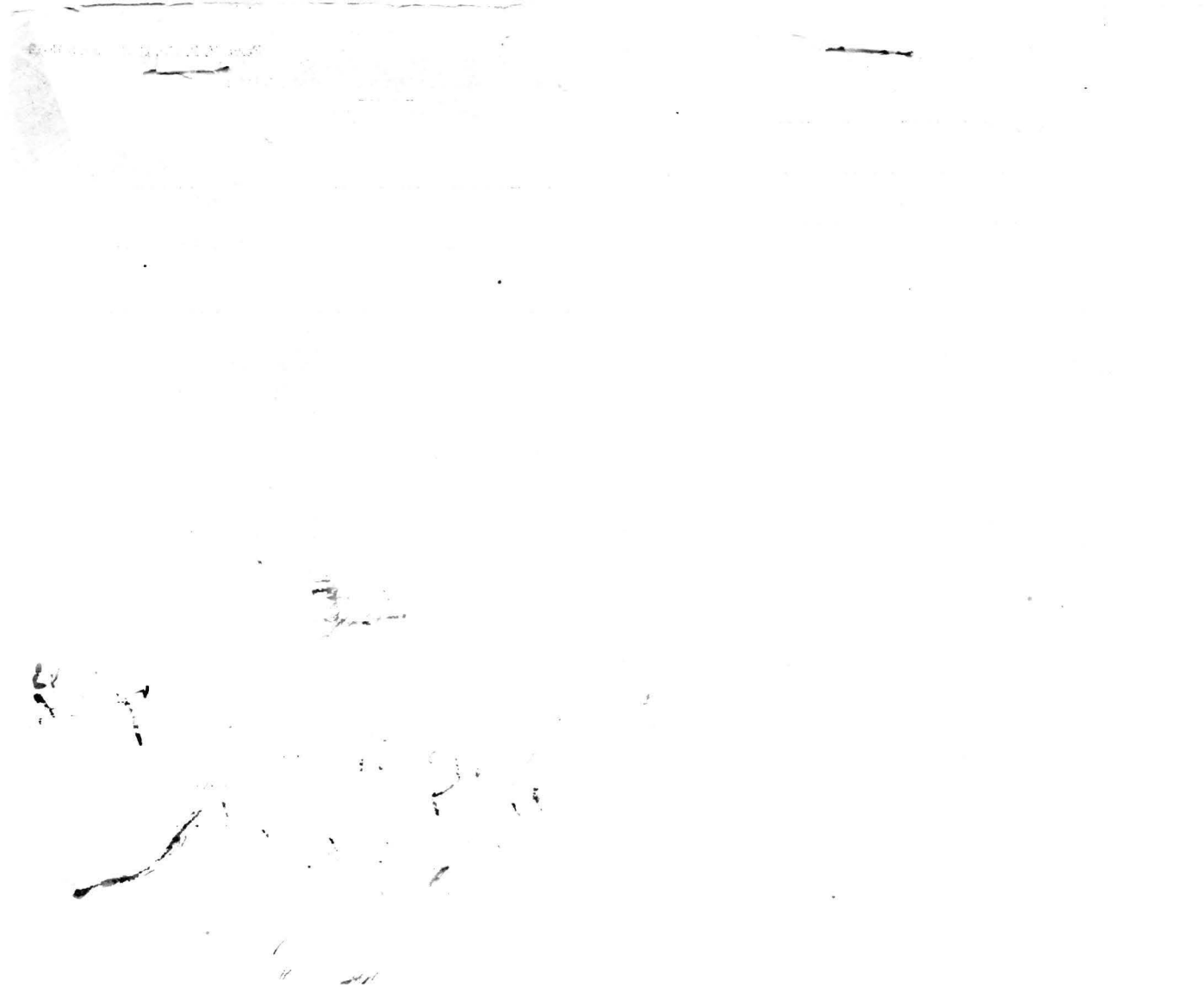
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 1450 8

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Thomas J. Adams (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 16, 1913 (DATE OF EVENT) in Caldwell Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Thomas J. Adams	Thomas Gerard Adams

Subscribed and sworn to before me this 24th day of April, 19 43.

Geo D VanDenHoff

Notary Public, residing at Homedale Ida

My commission expires March 15/1943

(SEAL)

Signed Eva M. Adams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Homedale Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 19 43.

Geo D VanDenHoff

Notary Public, residing at Homedale Ida.

My commission expires March 15/1943

(SEAL)

Signed Ora E. Moore

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Homedale Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 3 1973

APR 24 [illegible]

693-216-014-695

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14509

Primary Registration District No. 2005 Registered No. 142

FULL NAME OF CHILD Addie May Willetts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	4	yes	June 16 1913

FATHER		MOTHER	
FULL NAME	Chas. L. Willetts	FULL MAIDEN NAME	Emma Maggie Wandell
RESIDENCE	Notus	RESIDENCE	Notus Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Address Notus Ida.

Given names added from a supplemental report

..... 19.....

Filed June 16 1913 John S. Meyer
Registrar

..... Registrar

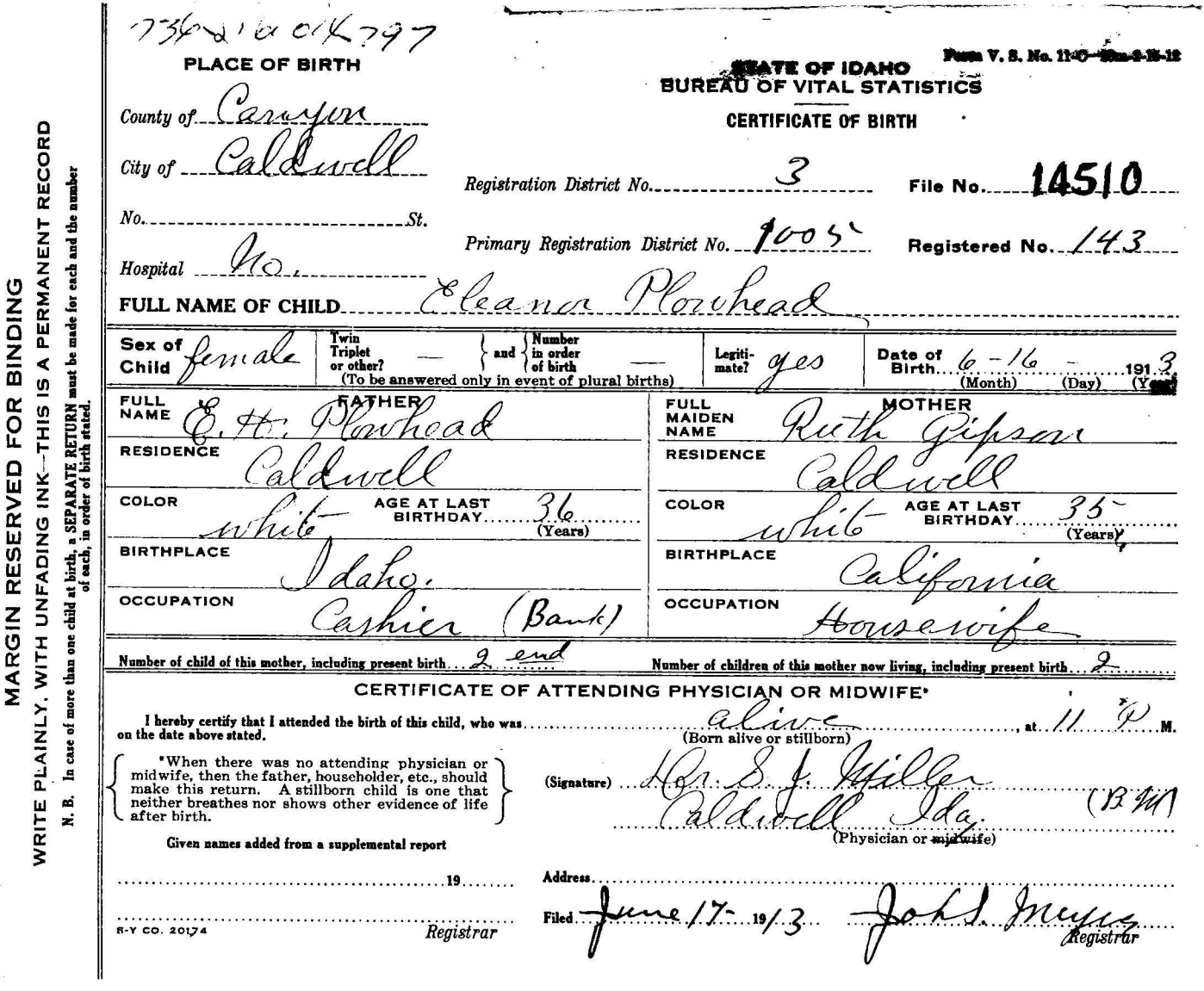
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1975



7364 16 OK 797

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-4-15-12

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14510

Primary Registration District No. 1005 Registered No. 143

FULL NAME OF CHILD Eleanor Plowhead

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) - 16 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	E. H. Plowhead	FULL MAIDEN NAME	Ruth Gipson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Cashier (Bank)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 and

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. J. Miller

Caldwell Ida. (R.F.D.)

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 17 1913 John S. Inness

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

449-27-014-964

PLACE OF BIRTH

Form V. S. No. 11-C-Idaho-6-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Ino.

Registration District No. 3 File No. 14511

Primary Registration District No. 2005 Registered No. 144

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	6 — 17 — 1913

FATHER		MOTHER	
FULL NAME	B. Murry	FULL MAIDEN NAME	Anna Rodenberger
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	AGE AT LAST BIRTHDAY (Years)	39
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 end

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (1874)

Caldwell Ida.
(Physician or midwife)

Address Caldwell.

Given names added from a supplemental report

..... 19 .....

Filed June 17 1913 John S. Meyer
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-3-15-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-11-01-4-253

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14512

Primary Registration District No. 1005 Registered No. 196

FULL NAME OF CHILD Graydon Leroy McDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Roy T. McDonald	FULL MAIDEN NAME	Blanche A. Belden
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth ..... first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

(Signature) J. P. Smith D.C.

(Physician or midwife)

Address Caldwell Idaho

Filed June 25 1913

Jas. S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MAY 15 1952

385-123 CX-842

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3 File No. 1453

Primary Registration District No. 1005 Registered No. 147

FULL NAME OF CHILD RAY HUSTED CHENOWETH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 28, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Elbert Chenoweth	FULL MAIDEN NAME	Mary Laura Husted
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Railroad-man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. M. Kelley

Physician

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 28 1913 John D. Meyer

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 14513

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on 6-22-1913 (Date of Event)
in Caldwell, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ray ~~Heusten~~ Husted Chenoweth

Subscribed and sworn to before me this 16th
day of March, 1942
Hector J. Cyre
Notary Public, residing at Boise Ida
My commission expires 10/25/42
(Seal)

Signed Mary L Chenoweth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1931 St. [illegible] Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

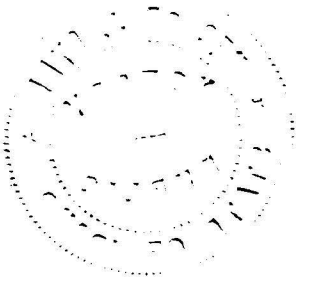
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

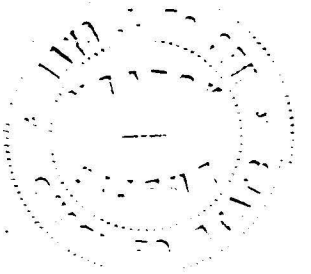
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 1942
Hector J. Cyre
Notary Public, residing at Boise, Ida
My commission expires 10/25/42
(Seal)

Signed Roy T. Hurst
(Signature of Any Credible Person Other Than Previous Year)
1721 State St. Boise Ida
(Street Address, City, State)

MAR 10 1942





255-225-014-461

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. F. D. #3 St.

Registration District No. 3 File No. 14514

Primary Registration District No. 2003 Registered No. 148

Hospital

FULL NAME OF CHILD Olive Dorothy Sheets

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth June 25 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME John Herman Sheets	FULL MAIDEN NAME Mary Estella Dyan
RESIDENCE Caldwell, Lake Idaho	RESIDENCE Caldwell Lake Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE New Jersey	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 1:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Raby M. D. Physician

(Physician or midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 28 1913 John L. Meyer
Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JAN 15 1942

639-227.014-168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital No.

Registration District No. 3 File No. 14516

Primary Registration District No. 2005 Registered No. 150

FULL NAME OF CHILD Verna Elizabeth Flint

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	yes	June 27 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Flint	FULL MAIDEN NAME	Lizzie Johnson
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho.
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (B.M.)

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

....19....

Filed June 26 1913 John L. Meyer Registrar

....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20th-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

39-101-01K 279

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Notus

Registration District No. 3 File No. 14517

No. ..... St.

Primary Registration District No. 2005 Registered No. 151

Hospital No.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	July 1 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lee Transol	FULL MAIDEN NAME	Ella Smith
RESIDENCE	Caldwell Notus	RESIDENCE	Caldwell Notus
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed July 2 1913 John D. Meyer

..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913.362145

066-104-014-218

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 14518

Primary Registration District No. 1005 Registered No. 152

FULL NAME OF CHILD Robert Kay Moore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 4 — 1913

FATHER		MOTHER	
FULL NAME	Frank Moore	FULL MAIDEN NAME	Mabel Kay
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9-0 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19..

Filed July 9 — 1913

S-Y CO. 20174

..... Registrar

John D. Meyer Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

FEB 10 1945

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CANYON } ss.

Certificate No. 1457-8

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or ~~Death~~)
for ROBERT KAY MOORE (Name on Original Certificate) who BORN (Was Born or ~~Died~~) on JULY 4TH 1913 (Date of Event)
in CALDWELL IDAHO (Place of Event) ~~are erroneous~~ ~~or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Robert Kay Moore

Subscribed and sworn to before me this 9 day of February, 1945

Chas. L. Sharpe
Notary Public, residing at Caldwell, Idaho
My commission expires 12-11-49
(Seal)

Signed Frank Moore FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
704 BELMONT ST. CALDWELL, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of CANYON } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 1945

Chas. L. Sharpe
Notary Public, residing at Caldwell, Idaho
My commission expires 12-11-49
(Seal)

Signed L. W. Boykin
(Signature of Any Credible Person Other Than Previous Year)
1814 Dearborn, Caldwell, Ida
(Street Address, City, State)

DEC 27 1971

MAR 31 1952

FEB 14 1945

966-105-017-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Parma R.F.D. Registration District No. 3 File No. 14519

No. St. Primary Registration District No. 2005 Registered No. 153

Hospital No.

FULL NAME OF CHILD DONALD GAYLORD ROWEN

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	— (To be answered only in event of plural births)		—	yes	July 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M E. Rowen.	FULL MAIDEN NAME	Ida Robian
RESIDENCE	Parma R.F.D.	RESIDENCE	Parma R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. J. Miller
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed July 9 1913 John S. Meyer
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 14519
Date Filed MAY 26 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Donald Gaylord Rowen (Name on Original Certificate) who was born (Was Born or Died) on July 5th 1913 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 25th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Gaylord Rowen

Subscribed and sworn to before me this 25th day of May 1942

James Myers Justice of the Peace
Notary Public, residing at Live Oak, Calif.

My commission expires Jan. 31, 1942
(Seal)

Signed Mrs. Howard Schott, sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 264, Live Oak, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 26 1942

MAY 29 1942

669206 @ 14-399

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ////// St.

Hospital ////////

Registration District No. 3 File No. 14520

Primary Registration District No. 2005 Registered No. 154

FULL NAME OF CHILD Died soon after birth-

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2d	Yes	7-6-13. 191

FATHER	MOTHER
FULL NAME: Ford, Virgil.	FULL MAIDEN NAME: Critser, Grace
RESIDENCE: Caldwell Ida.,	RESIDENCE: Caldwell Ida.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Georgia.	BIRTHPLACE: Caldwell Ida.
OCCUPATION: Farmer.	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P.M. on the date above stated.

(Signature) W. H. Thomson

(Physician or Midwife)

Address Caldwell Ida.

Filed July 9- 1913 John D. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

547 W-025253

PLACE OF BIRTH

Idaho

City of Greenacres

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 14521

Primary Registration District No. 2042 Registered No. 351

FULL NAME OF CHILD Martin Felix Nuxoll

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-	-	Yes	May 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Nuxoll	Mary Beckman
RESIDENCE	Greenacres	Greenacres
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	39
BIRTHPLACE	Illinois	Ohio
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) John F. Nuxoll

Mrs. Jos. Schmidt (Physician or Midwife)

Address Greenacres

Filed July 3 1913 Rose L. Cairns Registrar

S-Y CO., 16670

AUG 2 5 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397102 025-316

PLACE OF BIRTH

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of West Lake

No. ..... St.

Hospital .....

Registration District No. ~~2~~ 10 File No. 14522

Primary Registration District No. ~~12~~ 2042 Registered No. 922

FULL NAME OF CHILD William Clarence Lipps.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	William Clarence Lipps	FULL MAIDEN NAME	Cannie Laws
RESIDENCE	Westlake, Ida.	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lexington, Ky.	BIRTHPLACE	Wilks Co. N. C.
OCCUPATION	Jeweler	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician (Physician or ~~midwife~~)

Address Valmer, Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 8th 1913 Jean E Ramo Registrar

..... Registrar

per Orde Sub Reg.

8-Y CO. 20174

MAR 2 1942

JUN 9 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

483-108-025-293

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

Registration District No. ~~2045~~ 10 File No. 14523

Primary Registration District No. ~~20~~ 2042 Registered No. 353

FULL NAME OF CHILD Albert Joseph Uhlenkott

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hermann Wm Uhlenkott	Anna R. Bieker
RESIDENCE	Ferdinand	Ferdinand
COLOR / AGE AT LAST BIRTHDAY (Years)	White 47	White 36
BIRTHPLACE	Minnesota	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner, Physician
(Physician or midwife)

Address Colborwood, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed June 17 19 13 Jesse L. Ramo Registrar
for Assist Sub Reg

..... Registrar

S-Y CO. 24655

Form V. S. Rev. 1940—20m-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-121-025-215

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2075~~ 10 File No. 14524

Primary Registration District No. ~~75~~ 2072 Registered No. 354

FULL NAME OF CHILD Henry Aloysious Broeke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	June 21. 1913

FATHER		MOTHER	
FULL NAME	John P. Broeke	FULL MAIDEN NAME	Elizabeth Banne
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-50 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

.....19....

.....
Registrar

Filed Jan 22 19 13

Jesse L. Ramm
Registrar
per Blake Sub Reg

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544 46 025-291

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. ~~2044~~ 10 File No. 14525

Primary Registration District No. ~~10~~ 2042 Registered No. 355

FULL NAME OF CHILD Robert Shelby Edmiston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 16, 1913

FATHER	MOTHER
FULL NAME Shelby W. Edmiston	FULL MAIDEN NAME Neva Maud Bradley
RESIDENCE Cottonwood, Ida.	RESIDENCE Cottonwood, Ida.
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Neb.	COLOR White
OCCUPATION Warehouseman	AGE AT LAST BIRTHDAY 38 (Years)
	BIRTHPLACE Oregon
	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 22 1913

Jesse E. Rains Registrar

per Blake Sub Reg

S-Y CO. 24655

APR 20 1942

APR 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-212-025-443

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2043 10 File No. 14526

Primary Registration District No. 2042 Registered No. 356

FULL NAME OF CHILD Margaret Angela Stephens

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth June 12, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Joseph Stephens	FULL MAIDEN NAME	Sarah Theresa Mulvehill
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	AGE AT LAST BIRTHDAY (Years)	Unknown	COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ireland	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Turner
Physician
(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed June 22 1913 Jesse E. Ramsey Registrar
per Burke Sub Reg.

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

553109 025-859

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14527

County of Idaho

~~City~~ of Kenterville Precinct

Registration District No ~~Local~~ 10 File No.

No ....., ... St.

Primary Registration District No. ~~10~~ 2242 Registered No. 957

Hospital .....

FULL NAME OF CHILD Henry Werner Entsminger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 9 1913

FATHER		MOTHER	
FULL NAME	William Entsminger	FULL MAIDEN NAME	Mary Herzog
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or Midwife)

Address Kenterville, Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed June 10 1913 Jesse L Rams

per Burke Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WHITE PLAINLY. WITHIN MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

(Years)

713-104-025-136

PLACE OF BIRTH

County of Idaho

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 14528

Primary Registration District No. 2101 Registered No. 358

FULL NAME OF CHILD Jesse Patterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		Yes	6 4 1913

FATHER		MOTHER	
FULL NAME	S. W. Patterson	FULL MAIDEN NAME	Susan E. Atwood
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Alabama	BIRTHPLACE	S. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn) at 11:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan

Physician

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 6 1913 Jesse L. Raines

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-15m-6-24-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

243/64/025-749

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14529

County of Idaho

City of Elk City

No. ..... St.

Registration District No. 10

Primary Registration District No. 2101

Registered No. 359

Hospital Home

FULL NAME OF CHILD William Randolph Bullock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 9 1913

FATHER	MOTHER
FULL NAME: Warren Randolph Bullock	FULL MAIDEN NAME: Ethel Purdy
RESIDENCE: Elk City, Idaho	RESIDENCE: same
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Nokomis, Ill.	BIRTHPLACE: Minot, N.Dak.
OCCUPATION: Rancher	OCCUPATION: Hw.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2: A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Davis, M.D.

(Physician or midwife)

Address Elk City Idaho

Given names added from a supplemental report

..... 19.....

Filed June 16 1913

Grace L. Rams
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

DEC 22 1972

528-11-8-025-239

PLACE OF BIRTH

County of Idaho

City of Elk City

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14530

Primary Registration District No. 2101 Registered No. 3 K C

FULL NAME OF CHILD Louie Otto Esh.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George L. Esh	Mary Strahmeyer
RESIDENCE	Elk City, Idaho	Elk City, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Lowell, Mass	Greenville, Ore.
OCCUPATION	Rancher & Merchant	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

P.A.

(Physician ~~or midwife~~)

Address Elk City Idaho

Given names added from a supplemental report

..... 19.....

Filed June 28 1913 Jesse L. Raines Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-109025-449

PLACE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2101~~ 10 File No. 14531

Primary Registration District No. 2101 Registered No. 361

FULL NAME OF CHILD Howard Dale Farris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 9 1913

FATHER

FULL NAME Allen Farris

RESIDENCE Clearwater - Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Florence Grace Murphy

RESIDENCE Clearwater Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Washington

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 J. M. Verbeck

..... Registrar

Registrar

8-Y CO. 20174

Certified Copy issued Feb. 17, 1941. E.W.

613-208-025-133

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 10 ~~2101~~ File No. 14532

Primary Registration District No. 2101 Registered No. ~~14~~ 362

FULL NAME OF CHILD Genevieve Ethel Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 8 1913

FATHER		MOTHER	
FULL NAME	Clark M. Wallace	FULL MAIDEN NAME	Edith L. Allen
RESIDENCE	Stites - Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. Verbeurmans

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed June 30 1913

..... Registrar

Jno. Verbeurmans Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213.214.025-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Registration District No. ~~Stat~~ 10 File No. 14533

Primary Registration District No. 2101 Registered No. 363

FULL NAME OF CHILD Jeanette Irene Sales

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	June 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W. Sales	FULL MAIDEN NAME	Jemima Kerr
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician ~~or midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 J.M. Verbeck M.D.

..... Registrar

8-Y CO. 20174 Registrar

c.c. 6/7/41. w.h.

386-120-025-743

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No ....., ... St.

Hospital .....

Registration District No ~~2707~~ 10 File No. 14534

Primary Registration District No. 2101 Registered No. 364

FULL NAME OF CHILD Alpha Alex Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	~~No~~	and	Yes	June (Month) 20 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME ~~William~~ Alex Thompson	FULL MAIDEN NAME Jennie Prettyman
RESIDENCE Stites Idaho	RESIDENCE Stites Idaho
COLOR white	AGE AT LAST BIRTHDAY 45 (Years)
COLOR white	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Domestic

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. R. A. Lyle
(Physician or Midwife)

Address Stites Idaho

Filed June 30 1913. J. M. Verbeck
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

119-20-25-28W

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10

File No. 14535

No. ....., ... St.

Primary Registration District No. 1001

Registered No. 365

Hospital .....

FULL NAME OF CHILD ~~Elmer~~ Elvin Perry Jarvis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 20 1913

	FATHER	MOTHER
FULL NAME	Arthur P. Jarvis	~~Kathryn~~ Kathryn L. Shumaker
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	44
BIRTHPLACE	Iowa	Pennsylvania
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M. D.

Grangeville Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 8 1913 Jesse P. Rains

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14535

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elvis	Elvin Perry Jarvis
Date	June 8th	June 20, 1913
Mother's name	Katherine	Kathryn L. Shumaker

Subscribed and sworn to before me this 3rd day of Apr., 1943.

H. Bothwell
Notary Public, residing at Grangeville
My commission expires 8-8-45
(SEAL)

Signed Elvin Perry Jarvis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Apr., 1943.

H. Bothwell
Notary Public, residing at Grangeville
My commission expires 8-8-45
(SEAL)

Signed Mrs. Lytta J. Stinebaugh
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Grangeville, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 14 1972

APR 12 1943

254-208-055-415

PLACE OF BIRTH

County of Idaho

City of —

No. —, St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 14536

Primary Registration District No. 7044 Registered No. 366

FULL NAME OF CHILD Vivian Bernice Beucler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth ~~1st~~	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 8 1913

	FATHER	MOTHER
FULL NAME	Harvey Beucler	FULL MAIDEN NAME Lottie Duval
RESIDENCE	Idaho County —	Idaho County —
COLOR	white —	white —
AGE AT LAST BIRTHDAY	28 (Years)	19 (Years)
BIRTHPLACE	Minnesota —	Minnesota —
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician ~~or Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 8 1913 Jesse L. Rains
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1943

3614281025-756

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Woodland

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~2101~~ 10

Primary Registration District No. 2043

File No. 14537

Registered No. ~~807~~ 367

FULL NAME OF CHILD Lester Ashley Craven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	January 28 1913

FATHER		MOTHER	
FULL NAME	Levi E Craven	FULL MAIDEN NAME	Alta A George
RESIDENCE	Woodland	RESIDENCE	Woodland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George

Midwife (Physician or Midwife)

Address Woodland - Idaho

Given names added from a supplemental report

....., 19.....

Filed July 9 1913 J. M. Reuben Deputy

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

JUN 8 1967

100-040-349

PLACE OF BIRTH

County of [redacted] Shoshone

City of Burke

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14538

Primary Registration District No. 2 09 Registered No. .....

FULL NAME OF CHILD Lee, Floyd, McMurray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 6 1913

FATHER		MOTHER	
FULL NAME	Harvey Lee McMurray	FULL MAIDEN NAME	Lura Dana Crisp
RESIDENCE	Burke	RESIDENCE	Burke,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. G. Geh

Physician
(Physician or midwife)

Address Burke Ada

Given names added from a supplemental report

..... 19.....

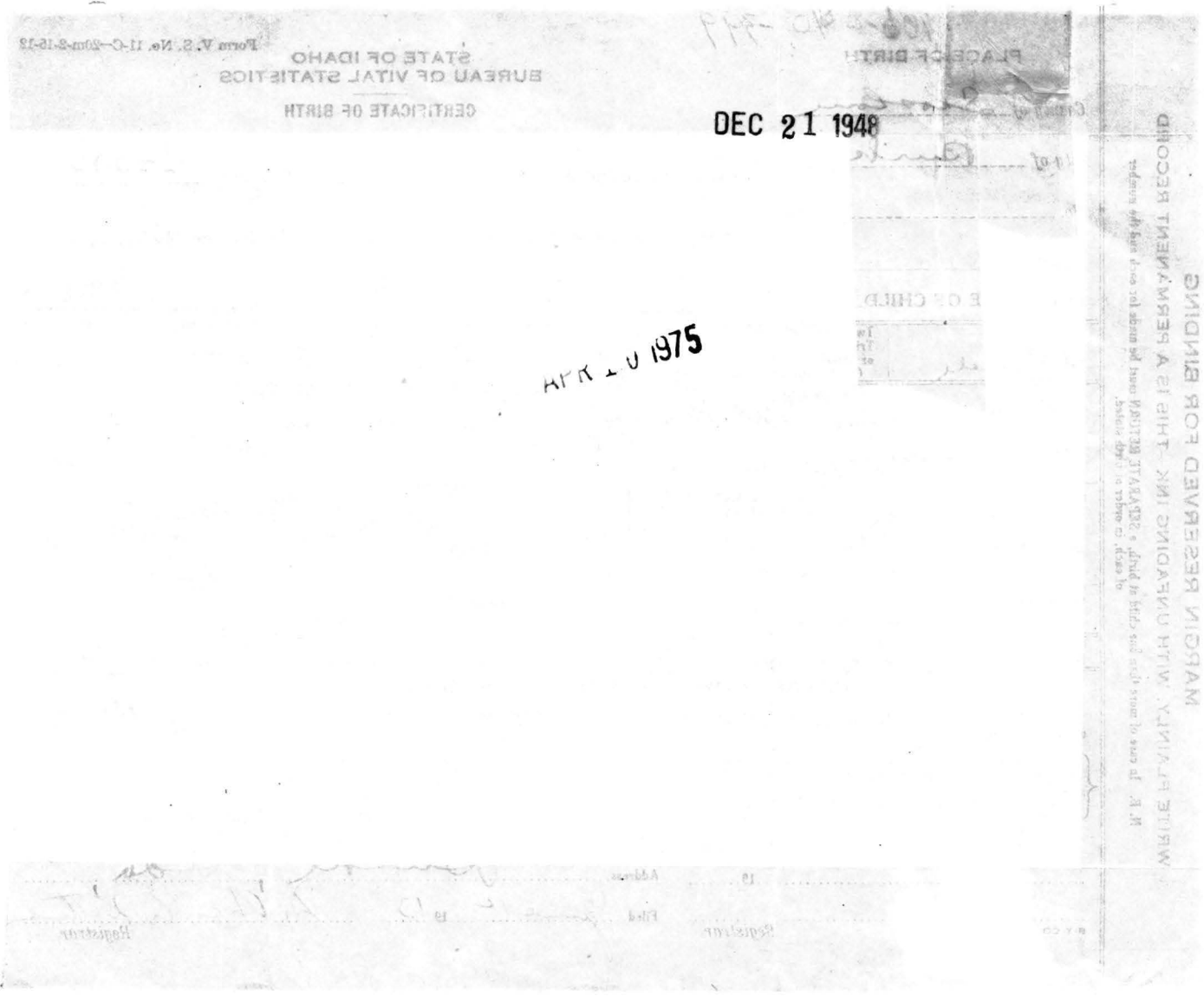
..... Registrar

Filed June 14 1913 J. Chas. Dill
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DEC 21 1948
APR 20 1975

356-23-040-238

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14539

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Lavenna Lefavor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 13 1913

FATHER		MOTHER	
FULL NAME	Roy Lefavor	FULL MAIDEN NAME	Florence Mary Scherer (Schurer)
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Teamster	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Eich

Physician (Physician or midwife)

Address Burke, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 22 1913 Florence L. Hittman Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1960

693-21-2040-842

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No Main St.

Hospital —

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 25 File No. 14541

Primary Registration District No. 2108 Registered No.

FULL NAME OF CHILD Florence Irene Watts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	June 17 1913

FATHER		MOTHER	
FULL NAME	John Watts	FULL MAIDEN NAME	Lizzy Hokala
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs MD

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

Nov 2, 1913

Registrar

Filed June 18 1913 F W Rolfs

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m-8-7-11

413-29-040-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

Registration District No 25 — File No. 14542

Primary Registration District No. 2105 — Registered No. ____

FULL NAME OF CHILD LEE ALLEN DAVIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	X	1	yes	6 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ford Davis	Theresa Marie Horgan
RESIDENCE	Mullan Idaho	Mullan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Oregon	Minn.
OCCUPATION	Millman	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs M.D.

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

Mary Ford Davis, 19....

F Rolfs M.D. Registrar

Filed July 2 19 13 F W Rolfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce

Certificate No. 14542

JAN 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Davis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 29, 1913 (DATE OF EVENT)
in Mullan, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 29, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	UnnamedDavis	Lee Allen Davis

Subscribed and sworn to before me this 21st day of January, 1942

J C Peterson

Notary Public, residing at Sumner Wash.

My commission expires Jan. 17, 1943

(SEAL)

Signed Floyd Davis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1942

J C Peterson

Notary Public, residing at Sumner Wash

My commission expires Jan. 17, 1943

(SEAL)

Signed Geo D Haugen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. D. #4 Box 222 Auburn, Wn.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By

(REGISTRAR'S SIGNATURE)

215-128-070-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO, [illegible] No. 21-C 20th-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 14543

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Robert John Langer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2	Yes	Apr 28 1913

FATHER

FULL NAME Adolph Langer.

RESIDENCE Wardner.

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wis

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Berta Redell.

RESIDENCE Wardner.

COLOR W AGE AT LAST BIRTHDAY 28. (Years)

BIRTHPLACE Oregon.

OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Filed July 8 1913 W. L. L. Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 17 1958

215-221-[illegible]-19

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 35 File No. 14544

Primary Registration District No. 206 Registered No. ____

FULL NAME OF CHILD Lillian Martha Martin Sandow.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	2	Yes	May 21 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME George Sandow	FULL MAIDEN NAME Lily Libby Martin.
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

....19....

Address ____

Filed July 8 1913

S-Y CO. 20174

Registrar

A. Thos. C. Wilson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-216-AVD-396

PLACE OF BIRTH

2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Film V. Rolls 35-C-38 & 35-38

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 25 File No. 14545

No. ..... St.

Primary Registration District No. 2106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mrs Kelley Lois Juanita Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Samuel C Kelley	FULL MAIDEN NAME	Grace Trowbridge
RESIDENCE	Wardner.	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Del	BIRTHPLACE	Idaho.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 8 1913 Dr. Chas. E. Hillman

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1950

194-207-040-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35 File No. 14546

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Audrey Virginia Armstrong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 7 1913

FATHER	MOTHER
FULL NAME George Wallace Armstrong	FULL MAIDEN NAME Gladys Merritt
RESIDENCE Wardner, Ida.	RESIDENCE Wardner Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Washington	BIRTHPLACE Washington
OCCUPATION Carpenter	OCCUPATION Home-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McEachern

M. D. (Physician or midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 Dr. Chas. A. Wetherill Registrar

8-Y CO. 20174

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

469-117-540-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Registration District No. 25 File No. 14547

Primary Registration District No. 2106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roland ~~BURDETT~~ Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	June 17 1913

FATHER		MOTHER	
FULL NAME	Roland Capitay Morgan	FULL MAIDEN NAME	Elizabeth Penn
RESIDENCE	Wardner Idaho.	RESIDENCE	Wardner, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	So Dakota.
OCCUPATION	machinist.	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2420 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. W. Erickson MD

(Physician or midwife)

Address Kellogg Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Dr. Chas. A. Hartman

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 14547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Roland Capital Morgan (Name on Original Certificate) who Born (Was Born or Died) on June 17, 1913 (Date of Event)
in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Roland Capital Morgan	Roland Burdett Morgan

Subscribed and sworn to before me this 27th day of March, 1942

L. H. Arnesen
Notary Public, residing at Corbett Ore
My commission expires NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES FEB. 12, 1944
(Seal)

Signed Elizabeth Jane Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Corbett - Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1942

L. H. Arnesen
Notary Public, residing at Corbett Ore
My commission expires NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES FEB. 12, 1944
(Seal)

Signed Jessie Emily
(Signature of Any Credible Person Other Than Previous Year)

Corbett, Oregon
(Street Address, City, State)

753-11-040-318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 25 File No. 14548

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Ernest Wilbert Peterson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	\	\	Yes	March 10 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Peter Peterson	FULL MAIDEN NAME Sophia Laho
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Finland
OCCUPATION Miner	OCCUPATION House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCachin

M. D. (Physician or midwife)

Address Kellogg, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 Chas. G. Pettman Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

713-203-040-214

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14549

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Henrietta Ada Pattison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Feb 3 1913

FATHER	MOTHER
FULL NAME Jelates Fisher Pattison	FULL MAIDEN NAME Madelaine Lucy Bauer
RESIDENCE Kellogg, Ida.	RESIDENCE Kellogg Ida
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	BIRTHPLACE London Eng
OCCUPATION Lawyer	OCCUPATION House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. W. Erskine M.D.
(Physician or midwife)

Address Kellogg Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1913 D. Chas. Pittman Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-60m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 12-19-58

PLACE OF BIRTH

214-225-40-38

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 25 File No. 14550

Hospital ..... Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Martha Emily Kauppi
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 21, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Kauppi	FULL MAIDEN NAME	Fanny Laho
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Alex D. McCrackin

M.D.
(Physician or midwife)

Address Kellogg, Idaho

Filed July 10, 1913 Dr. Chas. A. Dettman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Idaho Mutual Benefit Association Policy, #32946 gives married name as Martha Emily Silfvast; Statement from School Record in Kellogg, Idaho gives name as Martha Kauppi; and Own Child's Birth Cert.
Idaho Birth #49-03526 gives name as Martha Emily Kauppi - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 14550
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marta Emilia Kauppi (Name on Original Certificate) who born (Was Born or Died) on May 21, 1913 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marta Emilia Kauppi	Martha Emily Kauppi

Subscribed and sworn to before me this 23 day of Oct. 23, 1958
Wendell O. Schutt
Notary Public, residing at Smelterville, Idaho
My commission expires Sept. 6, 1960
(Seal)

October, 1958
Signed Fanny Kauppi (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Page, Idaho
(Street Address, City, State)
Smelterville, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

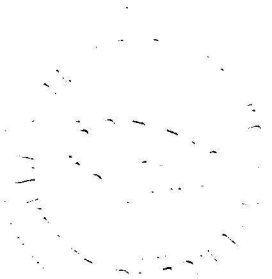
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

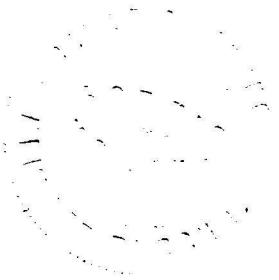
Subscribed and sworn to before me this 23rd day of October, 1958
Wendell O. Schutt
Notary Public, residing at Smelterville, Idaho
My commission expires Sept. 6, 1960
(Seal)

Signed John Kauppi (father)
(Signature of Any Credible Person)
Page, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL sent 7-1-58 one copy pd.





Form V. S. No. 11-C 2m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14550

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Marta Emilia Kauppi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	May 21 1913

FATHER		MOTHER	
FULL NAME	John Kauppi	FULL MAIDEN NAME	Fanny Lahde.
RESIDENCE	Kellogg Idaho.	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. W. Graham M.D.

(Physician or midwife)

Address Kellogg Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 10 1913 Dr. Thos. E. Witham

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1958

793-126-040-389

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14551

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD John Peter Pickolick

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	6 26 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Nick Pickolick	FULL MAIDEN NAME: Mary Cehuscovich
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Miner	OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed July 8 1913

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1975

632-125 040-317

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14552

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Oscar Mat Olson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	yes	6 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack Olson	Olufina Jogen,
RESIDENCE	Kellogg	Kellogg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	30
BIRTHPLACE	Norway	Norway
OCCUPATION	Saw Mill Man	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 8 1913 W. Chas. C. Wellman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1957

993-219.040-291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2105

File No. 14553

Registered No. .....

FULL NAME OF CHILD June Richter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl	one	3	No.	June 19th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Louis Richter	FULL MAIDEN NAME: Valeria Brant
RESIDENCE: Wallace, Ida.	RESIDENCE: Kellogg, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: about forty (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Not known	BIRTHPLACE: Broadwater, Wisconcin
OCCUPATION: miner	OCCUPATION: Milliner

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orlando Gray D.O.

Osteopathic Physican. (Physician or midwife)

Address Kellogg, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1913 W. Chas. E. Wilhelm Registrar

8-Y CO. 20174

This doctor is an (osteopath).

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U. C.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

693 [redacted] 016-418

PL[redacted]TH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Oakley

No. St.

Hospital

Registration District No. 31 File No. 14554

Primary Registration District No. 216 Registered No. 84

FULL NAME OF CHILD RAYMOND DALE Willey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	X (To be answered only in event of plural births)	X	Yes	4 – 28th – 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Theodore Willey	FULL MAIDEN NAME	Sarah Annie Dayley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Construction work	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Mohan M.D. (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

.....19.....

Filed May 12 1913 C P Mohan Registrar

.....Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 14554

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Willey (Name on Original Certificate) who born (Was Born or Died) on Apr 28, 1913 (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by actual Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Apr 28 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Willey	Raymond Dale Willey
birthdate	April 27, 1913	April 28, 1913

Subscribed and sworn to before me this 20
day of February, 1942
Bertha M Noehle
Notary Public, residing at Kirkland

My commission expires Feb 27, 1945
(Seal)

Signed Mrs Sarah D. Fogley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 574 Kirkland Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

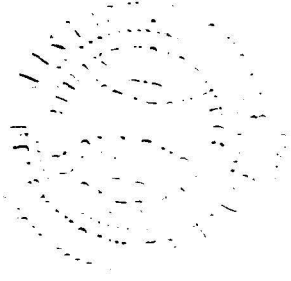
Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

FEB 28 1942



213-129-616-219

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. 14555

Primary Registration District No. 2126 Registered No. 81

FULL NAME OF CHILD Bailey C. Bates ~~Bates~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	4-29-1913

FATHER		MOTHER	
FULL NAME	Elvin L. Bates	FULL MAIDEN NAME	Hulda M Bailey
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E O Oldham M.D. (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed May 12 1913 W B Beckwith Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUN 15 1967

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14555

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bates (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1913 (Date of Event)
in Cassia County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bailey C. Bates

Subscribed and sworn to before me this 12th day of June, 19 67

Notary Public, residing at Twin Falls, Idaho

My commission expires March 1, 1970

(Seal)

Signed Mary V. Cannington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5-29-67. one copy pd. rec. #11698.

Child's Birth Cert. on file;(Idaho Birth) #275931 gives full name of father as Bailey C. Bates - viewed by V.S.

JUN 27 1967

Pacific Life Benefit Insurance Policy, June 19, 1947, policy no. 13,364-G, gives one full nameas Bailey C. Bates, age 34 - viewed by V.S.

122-230101 b-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14556

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 31 File No. .....

Primary Registration District No. 2126 Registered No. 86

Hospital .....

FULL NAME OF CHILD Venita Ella Abbott

Sex of Child Female | Twin Triplet or other? X | and | Number in order of birth X | Legitimate? Yes | Date of Birth 4-30-1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George B. Abbott	FULL MAIDEN NAME	Frankie May Smith
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Graham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed May 12 19 13 A B Stockberger

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1973

993-210-016-845

Amended 7-10-70

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-945-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 14557

Primary Registration District No. 216 Registered No. 87

FULL NAME OF CHILD Merna Claire Richins

Sex of Child female | Twin, Triplet or other? X | and Number in order of birth X (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 5-10-13 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Richins	FULL MAIDEN NAME	Mabel Hunter
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 8 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed May 12 1913 J B Stockton

Registrar

..... Registrar

8-Y CO. 20174

6-29-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14557

Date Filed .....

RECEIVED
JUL 8 - 1970
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Richins (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	~~Name Omit~~ Robert
sex of child	male	female
		Mergus Claire Correct

Subscribed and sworn to before me this 6th day of July, 19 70

Wallace A. Hale
Notary Public, residing at Oakley, Idaho
My commission expires May 20th 1972
(Seal)

Signed Mabel Richins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 19 70

Wallace A. Hale
Notary Public, residing at Oakley, Idaho
My commission expires May 20 1972
(Seal)

Signed Orval B. Adams
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 Gen'l corresp (A)

Marriage Certificate issued by State of Utah County of salt Lake gives name as Merna Claire Richins. Married Oct. 21, 1931.
Viewed by V.S.

JUL 9 1970

Church Record gives name as ~~Claire~~ Merna Richins. Completed prescribed studies for graduation issued May 19, 1930.
Viewed by V.S.

JUL 10 1970

65-3-221-016-213

BC #1

PLACE OF BIRTH

County of Cassia

City of Basin

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 14558

Primary Registration District No. 21M Registered No. 88

FULL NAME OF CHILD Leona Wells

Sex of Child Female | Twin, Triplet or other? X | and Number in order of birth X | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Apr. 21 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George H. Wells	FULL MAIDEN NAME	Edna Bates
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Johnson M.D.

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19....

Address ____

Filed May 12 1913 P B Hawkes
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 18 10 07 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 14558

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wells (Female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 21, 1913 (Date of Event)
in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Leona Edna Wells

Subscribed and sworn to before me this 21st day of
June 19 72

Notary Public, residing at Burley Idaho
My commission expires 7/10/75
(Seal)

Signed Edna Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N # 1 Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of
June 19 72

Notary Public, residing at Burley Idaho
My commission expires 7-1-74
(Seal)

Signed Mary D Chakeman
(Signature of Any Credible Person)

1443 Almo Ave Burley Ida. 83318
(Street Address, City, State)

FORM DH 60-155

CL 5/25/72 nm

Certificate of Birth from LDS Church gives name as Leona Wells, born April 21, 1913. Father's name as George Wells and Edna Bates. Entered on record Aug. 4, 1923. Viewed by V. S.

JUN 27 1973

Student's Honor Card dated Jan. 21, 1930 gives name as Leona Wells. from Oakley Rural High School. Signed by C. O. Simpson, Teacher. Viewed by V. S.

Amended 9-20-56

693-117-016-253

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 14559

Primary Registration District No. 2114 Registered No. 84

FULL NAME OF CHILD Vernon B. Williams

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	10	yes	Apr 17 13

FATHER	MOTHER
FULL NAME Thomas Williams	FULL MAIDEN NAME Annie Bell
RESIDENCE Burley	RESIDENCE Burley
COLOR White AGE AT LAST BIRTHDAY 47 (Years)	COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Grantsville Utah	BIRTHPLACE Grantsville Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Muter M.D.

(Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed May 17 1913 C B Stockdale

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED
SEP 20 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Shasta } ss.

Certificate No. 14559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Williams (Name on Original Certificate) who was born (Was Born or Died) on April 17, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate prepared on July 19, 1938 Idaho File #271631
Church record (Bible Record, Insurance Policy, Etc.) Feb. 24, 1939 Viewed by (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Vernon B. Williams

Subscribed and sworn to before me this 7 day of Sept., 19 56

Notary Public, residing at Cottonwood Calif,
My commission expires 26 May 1957
(Seal)

Signed Edsie Williams (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Shasta } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Sept., 19 56

Notary Public, residing at Cottonwood, Calif.
My commission expires 26 Day of May 1957
(Seal)

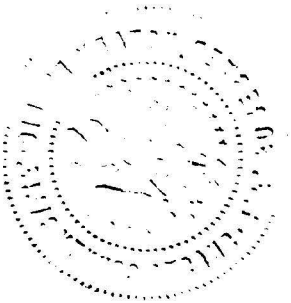
Signed Lela L Miller
(Signature of Any Credible Person)

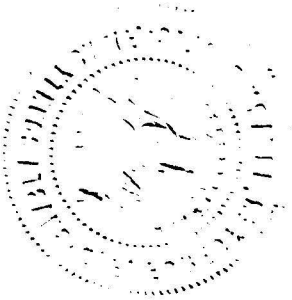
P.O. Box 117 Cottonwood, Calif.
(Street Address, City, State)

FORM DPH 55. 155

1 cpy pd

SEP 21 1936





795·106 135

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

Registration District No 31 File No. 14560

No ____ St.

Hospital Residence Primary Registration District No. 713 Registered No. 90

FULL NAME OF CHILD ~~CROSS~~ LEE Greenwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	4th	4	yes	April 6 1913

	FATHER	MOTHER
FULL NAME	Lee Greenwell	FULL MAIDEN NAME Florence Edwards
RESIDENCE	Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Farmington Utah	West Weber Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Mueller M.D.

(Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed May 17 1913 A B Stookesberry Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

(Signature)

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 14560

Date Filed April 29-1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ross Lee Greenwell (Name on Original Certificate) who was born (Was Born or Died) on Apr. 6, 1913 (Date of Event) in Heyburn (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Ordination (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Paul Greenwell	Ross Lee Greenwell

Subscribed and sworn to before me this 29 day of April, 1942

T. McCleary

Notary Public, residing at Paul Idaho

My commission expires Sept 23-1943
(Seal)

Signed Florence A. Greenwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAY 11 1976

Amended 5-22-57

PLACE OF BIRTH

546-218-016-345

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 14561

Primary Registration District No. 2124 Registered No. 91

FULL NAME OF CHILD Helen Blake Edwards
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 18, 1913

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ben Chase Edwards	FULL MAIDEN NAME	Anna Cunningham
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Normal, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. M. Minter

M. D.
(Physician or midwife)

Address Burley, Idaho

Filed May 12, 1913 L. B. Stockslogh
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-21 [redacted]

PLACE

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Registration District No. 31 File No. 14561

Primary Registration District No. 712 Registered No. 91

Hospital ____

FULL NAME OF CHILD Helen Drake Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	April 18 1913

FATHER

FULL NAME Ben Chase Edwards

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Ohio

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Cunningham

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Normal Ill

OCCUPATION Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Muter M.D.

(Physician or Midwife)

Address Burley Ida.

Filed May 12 1913 A. B. Sanderson
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1957

MARGIN RESERVED FOR BINDING

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 14561
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hellen Drake Edwards (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by confirmation certificate (Bible Record, Insurance Policy, Etc.) prepared on May 2 1958 and insurance policy -August 7 1956 (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Hellen Drake	Helen Blake

Viewed by V.S.

Subscribed and sworn to before me this 30th day of April, 19 57.

Notary Public, residing at Notary Public, Residing at Burley, Idaho
My commission expires My Commission Expires Nov. 10, 1959.
(Seal)

Signed Anna J. Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1450 Oakley Avenue, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 19 57.

Notary Public, residing at Notary Public, Residing at Burley, Idaho
My commission expires My Commission Expires Nov. 10, 1959
(Seal)

Signed Clarence Johnson MD
(Signature of Any Credible Person)

1341 Overland Avenue, Burley, Idaho
(Street Address, City, State)

FORM DPH 55. 155

515-22/1040-7

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

Form W. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14562

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Margorie Van Horn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	1	yes	May 24 1913

FATHER	MOTHER
FULL NAME Chas William Van Horn	FULL MAIDEN NAME Ella May Gilbert
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W AGE AT LAST BIRTHDAY 36 (Years)	COLOR W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Ill	BIRTHPLACE Maine
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Kleaver

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 8 1913 D. Lawrence Dittman Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1971

613.223.040-567

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 25 File No. 14563

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Ruby Bell Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(	2	Yes	May 23 1913

FATHER		MOTHER	
FULL NAME	William H. Walker	FULL MAIDEN NAME	Addie F Vogel
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Mass.
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Nixon

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed July 8 1913

..... Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.No.11-C—20m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

DEC 6 1973

594-216-040-731

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14564

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Josephine Vidriak

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	6 16 1913

FATHER		MOTHER	
FULL NAME	John Vidriak	FULL MAIDEN NAME	Josephine Glass.
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 8 1913 D. Chas. E. Allen

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form-V. S. No. 41-C-20m-2-16-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

168-1691040-553

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 215 File No. 14565

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD Arthur Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	5	yes	6-9-1913

FATHER		MOTHER	
FULL NAME	Alfred Johnson	FULL MAIDEN NAME	Johanna Nelson
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 05

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed July 8 1913 Minnie Cottman

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1975

863-207-040-318

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 35 File No. 14566

Primary Registration District No. 2104 Registered No. ____

FULL NAME OF CHILD Madaline Mary Holzendorf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F	1	3	Yes	May 7 (Month / Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert Holzendorf	FULL MAIDEN NAME	Lillie B. Layher
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed July 8 1913 D. Frank C. Pittman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 23 1942

PLACE OF BIRTH

County of

994-22-101

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31

File No. 14567

Primary Registration District No. 2121

Registered No. 95

FULL NAME OF CHILD Winifred Viola Ridnour

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	March 29 1913

	FATHER	MOTHER
FULL NAME	Ward Ridnour	Ruth Elyda James
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	16
BIRTHPLACE	Page County Iowa	Wyola Montana
OCCUPATION	Laborer	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mueller M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

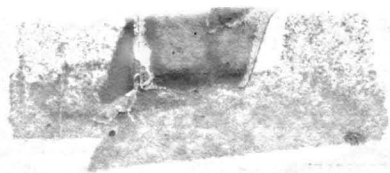
....., 19.....

Filed May 12 1913 B. Fitzhugh

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County of Wayne

Certificate No. 14567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Burial (BIRTH OR DEATH)
for Mrs. Winifred Viola Ridnour (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 29th of March 1913 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of Burial (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Winifred Viola Ridnour

Subscribed and sworn to before me this 23rd
day of February, 1943

Paul V. Lutzenius
Notary Public, residing at Detroit, Mich

My commission expires April 9, 1946
(SEAL)

Signed Hazel Ridnour
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

13988 Pinehurst - Detroit Michigan
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of February, 1943

Notary Public, residing at Los Gatos Calif

My commission expires June 16 1943
(SEAL)

Signed Ruth E. Vowles
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

221 San Jose Ave Los Gatos Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 5 1943

693-22 - 16-962

Form V. S. No. 15-O-10m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 14568

Primary Registration District No. 2126 Registered No. 83

FULL NAME OF CHILD MILDRED Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	Apr. 21 1913

FATHER		MOTHER	
FULL NAME	Thomas Wilson	FULL MAIDEN NAME	Alice M Rost
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Arkansas	BIRTHPLACE	Minnesota
OCCUPATION	Ditchrider	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 8-38 P. M. on the date above stated.

(Signature) C P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Filed May 12 1913 F B Stockberger Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

K

JUN 3 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14568

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Wilson
		Mildred Wilson Wilson

Subscribed and sworn to before me this 2nd day of June, 1943.

J. D. McEuen
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(Seal)

Signed ✓ Alice M. Wilson, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wendell, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 1943

J. D. McEuen
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(Seal)

Signed ✓ Pearl Beecham
(Signature of Any Credible Person Other Than Previous Year)

Wendell, Ida.
(Street Address, City, State)

JUN 7 1943

719-115-016-398

-4-J

Form V.S. No. 21-C—10m-9-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 14569

Primary Registration District No 214 Registered No. 93

FULL NAME OF CHILD Robert D. Parke

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1	Yes	Apr 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Steve Douglas Parke	Ida Snyder
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Centerville Utah	Good Hill Oregon
OCCUPATION	Editor	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Murdock

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 12 1913 C R Boothroyd

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

6-27-41

Form V.S. No. 11-C—10m-7-41

STATE OF IDAHO

PLACE OF BIRTH

249-127016-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Residence

Form V. S. No. 11-C—10m-8-4-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 14570

Primary Registration District No 21 1/2 Registered No 94

FULL NAME OF CHILD Killian William Smith

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births) 3		Yes	March 27 (Month) (Day) 3 (Year) 191..

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Nicholas Smith	Margaret Deacon
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Vermont	Cascade Iowa
OCCUPATION	Contractor	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Muter M.D.

(Physician or Midwife)

Address Burley Ida

Filed May 13 19 13 P. B. Stockberger Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

CERTIFICATE OF ATTE

by certify that I attended the birth of this child,
te above stated.

MAY 26 1954

hen there was no attending physician
then the father, household-
ake this return. A still-
either breathes
after birth

693-217-014-81

PLACE OF BIRTH

[redacted] OF IDAHO

VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Amended 5/19/75

Registration District No. 3

File No. 14571

No. ____ St.

Primary Registration District No. 2005

Registered No. 143

Hospital No.

FULL NAME OF CHILD Madell Lucille Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	and —	yes	6 - 17 - 1913

FATHER		MOTHER	
FULL NAME	Floyd Williams	FULL MAIDEN NAME	Bernice Hatfield
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller B. M

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed June 19 1913 John S. Meyer Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1975

RECEIVED
APR 30 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of ADA } ss.

Certificate No. 14571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Madell Lucile Williams (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1913 (Date of Event) in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Middle Name	Lucile	Lucille

Subscribed and sworn to before me this 29 day of April, 1957.

Lesha Williams
Notary Public, residing at Boise, Ida.
My commission expires 11-3-57
(Seal)

Signed Bernice M. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 73, Greenleaf, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of ADA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of April, 1957.

Lesha Williams
Notary Public, residing at Boise, Ida.
My commission expires 11-3-57
(Seal)

Signed E. D. Williams
(Signature of Any Credible Person)

Box 73, Greenleaf, Idaho
(Street Address, City, State)

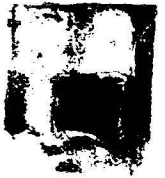
2 Copies paid

Church record from Greenleaf Friends Church gives name as Madell Lucille Williams (Wonderly) born at Caldw ll, Born June 17, 1913. Father's name as Floyd Williams and mother's name as Bernice Williams. signed by Ember Roberts, Statistician. dated 4-28-57. viewed by V. S.

MAY 1 9 1975

Marriage License and Certificate from Idaho gives namae as Francis L. Wonderly and Madell Lucille Williams. dated June 10, 1939. viewed by V. S.

993-126-032-412



Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 14572

Registration District No. 31

Primary Registration District No. 2121

Registered No. 92

PLACE OF BIRTH

County of Lincoln

City of Heyburn

No. ..... St.

Hospital Residence

FULL NAME OF CHILD Eugene Arthur Rice

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3	Yes	April 26, 1913

FATHER		MOTHER	
FULL NAME	William F Rice	FULL MAIDEN NAME	Edna Mason
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	White County Ill.	BIRTHPLACE	Hamilton Co Ill
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John M Mueller MD

(Physician or Midwife)

Address Burley Idaho

Filed May 12 1913 W B Stoneberger
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9-19-41

413-22-1032-799

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14573

Primary Registration District No. 1017 2017 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 27, 1913

FATHER		MOTHER	
FULL NAME	Virgil C Allcock	FULL MAIDEN NAME	Mabel L Griffith
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Engineer on Dumps	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ahrnsbrak MD

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July Aug 1 1913 E. D Pafer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1940-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

260-203-032-258

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23

File No. 14574

Primary Registration District No. 1017 2017

Registered No. ____

FULL NAME OF CHILD ELLEN ELIZABETH BOWER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 3 1913

FATHER		MOTHER	
FULL NAME	Charles W. Bower	FULL MAIDEN NAME	Katherine Kehrer
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 8 a. m. M. on the date above stated.

(Signature) Thos. F. Summerhaes M.D.

(Physician or ~~Midwife~~)

Address Jerome Ida.

Filed Aug 1 1913 E. D. Paper

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U. S. No. 11-C—10m-9-8

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Copy)

MAR 19 1953

165-206-(e)72873

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 25

Primary Registration District No. 1701 2017

File No. 14575

Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	Date of birth (Month) July (Day) 6, 1913 (Year)
F			Yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde E Jones	Evelyn M Hill
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Kentucky	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M.D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed Aug. 1 1913 E. D. Pyle

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

642-224-032-244

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Registration District No. 23

Primary Registration District No. {1017 / 2017}

File No. 14576

Registered No. ____

Hospital ____

FULL NAME OF CHILD Julia Ann Wise

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	June 24, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph a Wise	FULL MAIDEN NAME	Eva a Budd
RESIDENCE	6 mi. S.W. of Jerome	RESIDENCE	6 mi S & of Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9, M. on the date above stated.

(Signature) C. D. Piper M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed July 1 1913 C. D. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1. Julia Ann Wise

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Date of

166-20 9-032-359

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. ~~5~~ 23 File No. 14577

Primary Registration District No. {1017 2017 Registered No. ____

FULL NAME OF CHILD Wanda Terrill Mowberly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	July 9, 191.3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude C Mowberly	Willie Terrill
RESIDENCE	Jerome	Jerome
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Missouri	Texas
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

....., 19.....

Filed Aug 1 1913 E. D. Piper

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 11—10m-6-20-11

[redacted] County of [redacted]

City of Jerome Registration District No. [redacted] File No. 14578

No. ....., ... St. Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph Reed Porter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	July 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde H Porter	Mary Reed
RESIDENCE	Jerome Ida (10 mi S.W.)	10 mi S.W. Jerome
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Missouri	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Piper M. D.

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

....., 19.....

Filed Aug 1 1913 C. D. Piper

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 7, 1941. E.W.

JUN 28 1966

967-112-032-391

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ( ), St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 23

File No. 14579

Primary Registration District No. 1017 2017

Registered No.

FULL NAME OF CHILD Ralph W Rogers Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 12, 1913 (Year)
M	X	X	Yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph W. Rogers	Mona Traill
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Nebraska	Illinois
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M. D.

(Physician or Midwife)

Address Jerome Ida

Filed Aug 1 19 13 E. D. Pyle

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

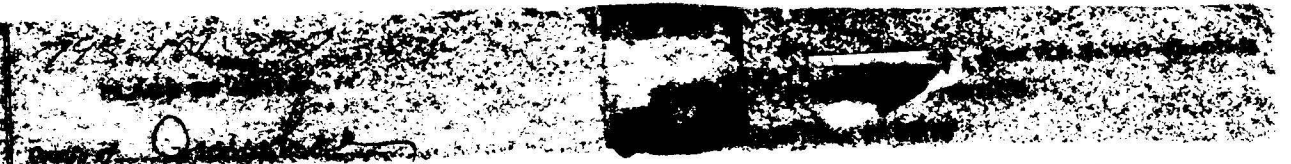
S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 12 1952



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Bruneau — Registration District No. 44 — File No. 14580

No. ✓ St. — Primary Registration District No. 2121 — Registered No. 1

Hospital ✓

FULL NAME OF CHILD Babe Pinkston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 1 1913

	FATHER	MOTHER
FULL NAME	Leno Pinkston	FULL MAIDEN NAME Dora Thuronan
RESIDENCE	Bruneau	Bruneau
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	39 (Years)
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 1 at 8 a. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician (Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 7/1 19 13 J. C. Bartlett Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-5-55-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee

FEB 6 1961

86-2041 077-884

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

Registration District No. 44 **File No.** 14581

No. ..... *St.*

Primary Registration District No. 2121 **Registered No.** 2

Hospital .....

FULL NAME OF CHILD Iris Hodge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 4 1913

FATHER		MOTHER	
FULL NAME	Richard Hodge	FULL MAIDEN NAME	Ruth Hyde
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Saloon Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 4, at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Address Bruneau, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 19 13 J. C. Bartlett Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1962

791-20-7.0372.864

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 14582

Primary Registration District No. 2121 Registered No. 13

FULL NAME OF CHILD Ruth Grantham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	July (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John L Grantham	FULL MAIDEN NAME	Gladys Hodge
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
[redacted] occupation	Blacksmith	BIRTHPLACE	Idaho
[redacted] Birthplace	Kansas.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 7, at 4 a. p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Bruneau

Filed July 7 1913 J. C. Bartlett

Given names added from a supplemental report

..... 19.....

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

234-22 7:037-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 14583

No. ____ St.

Primary Registration District No. 2121 Registered No. 4

Hospital ____

FULL NAME OF CHILD Mabel Strickland

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 27 1913

FATHER	MOTHER
FULL NAME William Strickland	FULL MAIDEN NAME Lena Strickland
RESIDENCE Graemere Idaho	RESIDENCE Grasmere, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 27 at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

....., 19.....

Filed July 28 19 13 J. C. Bartlett

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

649-230-032-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 14584

Primary Registration District No. 2121. Registered No. 5

FULL NAME OF CHILD Mary Teresa Odiaga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	July 30 1913

FATHER		MOTHER	
FULL NAME	Doming Odiaga	FULL MAIDEN NAME	Pauline Acturre
RESIDENCE	Hot Spring	RESIDENCE	Hot Spring Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Stockraising	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 30 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Bruneau Idaho
(Physician or midwife)

Physician

Address .....

Given names added from a supplemental report

..... 19.....

Filed July 3 1913 J. C. Bartlett
Registrar

..... Registrar

S-Y CO. 20174

DUP OF 1913- 144349 name change

Z FILE DATE PRIOR TO BIRTH

86K/102-093/256

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 4 9 File No. 4 14585

Primary Registration District No. 2128 Registered No. 4

FULL NAME OF CHILD RAY ALFRED ~~Hodgson~~ Hodson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Aug 2, 1913

FATHER		MOTHER	
FULL NAME	Harley Hodson	FULL MAIDEN NAME	Stella Green
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive a Live at 6 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Taylor M D
(Physician or midwife)

Address Kamiah

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug. 3 1913 C Taylor Registrar

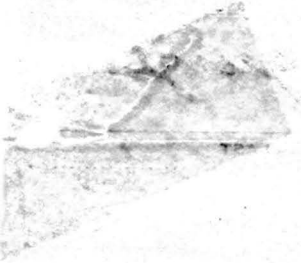
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



MAR 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEWIS

Certificate No. 14585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MYRON HODSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on AUGUST 2, 1913 (Date of Event)
in WOODLAND, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on AUG. 2, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Myron Hodson	Ray Alfred Hodson

Subscribed and sworn to before me this 4th
day of March, 1942
D. W. McAfee
Notary Public, residing at Port Orchard
My commission expires Jan. 23 - 1946
(Seal)

Signed Harley F. Hodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R-3, BOX 290A, PORT ORCHARD, WASH
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

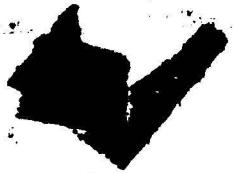
Subscribed and sworn to before me this 16
day of March, 1942
H. Vere Brown
Notary Public, residing at Kamiah Ida
My commission expires Feb 18 44
(Seal)

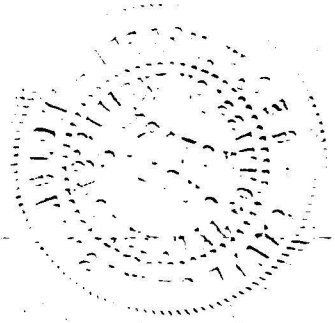
Signed C. A. Bryan
(Signature of Any Credible Person Other Than Previous Year)

Kamiah Ida
(Street Address, City, State)

MAR 24 1942

JUL 8 1942





995-120-031-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 File No. 4586

No. St.

Primary Registration District No. 2128 Registered No. 8

Hospital Lambert

FULL NAME OF CHILD Willis Y Ireland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5-4	Yes	July 20 1913

FATHER		MOTHER	
FULL NAME	Clyde Ireland	FULL MAIDEN NAME	Essie Grow
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W. F.	AGE AT LAST BIRTHDAY (Years)	2[illegible]
BIRTHPLACE	N C	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 20 at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah

Filed July 22 1913 E Taylor M.D.
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-219-029-463

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No ....., ... St.

Registration District No. 62

File No. 14587

Primary Registration District No. 2142

Registered No. 1

Hospital .....

FULL NAME OF CHILD Magdalena Stadler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 19, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Stadler	Cora Hochel
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Germany	Pataha Wash.
OCCUPATION	Horticulturist	House-Wife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Jennie Hochel

Midwife
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 31 1913 C. O. Eckman
Registrar

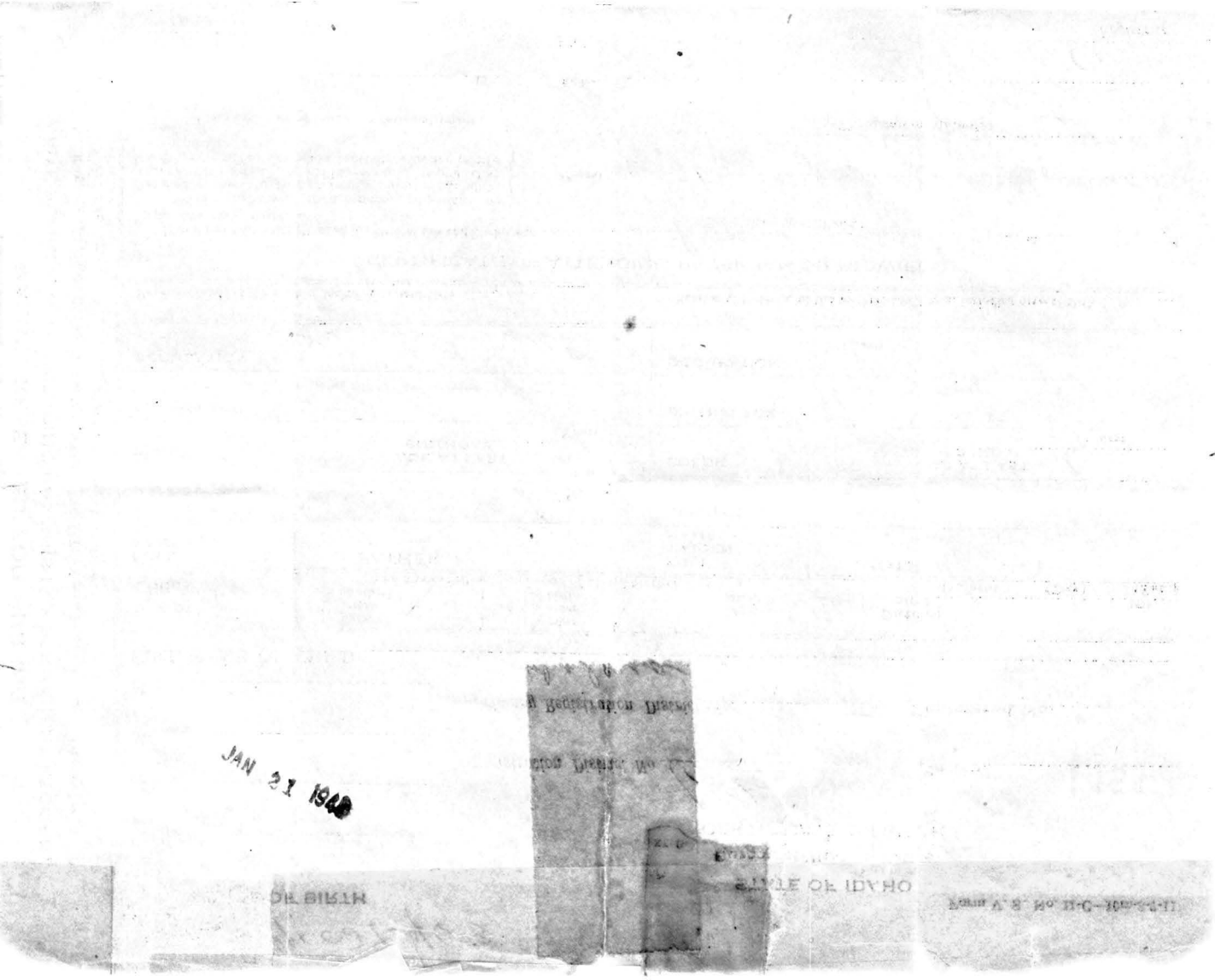
SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


JAN 21 1940

249-205-02X365

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-[illegible]

County of Gooding

City of Wendell

Registration District No. 22

File No. 14588

No. ____, ____ St.

Primary Registration District No. 2018

Registered No. ____

Hospital ____

FULL NAME OF CHILD Marion Merrell Smith

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	0 (To be answered only in event of plural births)		0	Yes	7 — 5 — 1913

FATHER	MOTHER
FULL NAME: Herbert Merrell Smith	FULL MAIDEN NAME: Evelyn Corell
RESIDENCE: Leeland	RESIDENCE: Wendell
COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Milwaukee Wis	BIRTHPLACE: Nevada Iowa
OCCUPATION: Banker	OCCUPATION: Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Fahrenthorn M. D.

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 7 1913 H. E. Lauch

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

747-223-004-993

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
[redacted] OF VITAL STATISTICS
CATE OF BIRTH

Form V. S. No. 11-[redacted]

Registration District No. 44

File No. 14589

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD La Freal Rich Pugmire

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	July 13 1913

FATHER		MOTHER	
FULL NAME	William Ray Pugmire	FULL MAIDEN NAME	Elva Lauvan Rich
RESIDENCE	St. Charles, Idaho	RESIDENCE	St. Charles, Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St. Charles, Idaho	BIRTHPLACE	St. Charles, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 11 3/4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich M.D.

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed August 8 1913 John Mattson
Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2762 20 0004-363

PLACE OF BIRTH

Name added 9-7-84

Day of birth added 9-7-94 fc

STATE OF IDAHO — Form V. S. No. 11-C-Rev-4-15-32

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. 3-4

File No. 14590

No. ____ St.

Primary Registration District No. 2134

Registered No. ____

Hospital ____

FULL NAME OF CHILD FLORA ENGLAND STOCK

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X (To be answered only in event of plural births)		X	Yes	July (Month) 20 (Day) 1913 (Year)

FATHER

FULL NAME: Joseph Pierce Stock

RESIDENCE: Fish Haven, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Fish Haven, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Jane Cattle

RESIDENCE: Fish Haven, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Plain City, Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live — (Born alive or stillborn) at 130 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich MD

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed August 8, 1913 John Mathews Registrar

....., Registrar

8-Y CO. 20174

Name added 9-7-94 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Day of birth added CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 7 3 45 PM '84

State of _____ } ss.
County of _____ }

Certificate No. 14590
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stock (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 1913 (Date of Event)

in Fishaven (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Flora England Stock
day of birth	omitted	July 20, 1913

Subscribed and sworn to before me this 9th day of September, 1984.

Notary Public, Florence Curtright
Residing at Boise
My commission expires 1-20-
(Seal)

Flora S. Erickson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Health Insurance social Security Card gives name as Flora S. Erickson
528 01 2756-B
Viewed by V.S.

Family Record shows that Flora Englean Stock was born in Fish haven
Bear Lake County, Idaho, on July 20, 1913. Record obviously old
Viewed by V.S.

Childs record of birth gives name as Flora England Stock born July 20, 1913
in Fishaven , Idaho. child born January 28, 1943.
Viewed by V.S.

SEP 7 1984

863/21-0085-55

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boise

City of Arrowrock

No. Deer Creek St.

Registration District No. _____ File No. 14591

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Oscar William Hollinrake.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes.	July 21. 1913.

FATHER		MOTHER	
FULL NAME	William C. Hollinrake	FULL MAIDEN NAME	Marcia Kendrick.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33. (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Steamfitter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw.

Physician. (Physician or midwife)

Address Arrowrock. Idaho.

Given names added from a supplemental report.

..... 19.....

Filed July 19. 13.

..... Registrar

S-Y CO. 24656

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 – 1954

293123-01X419

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 14593

PLACE OF BIRTH

County of Canyon

City of Nampa

Registration District No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD May Victor Bills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes.	4/23/1913

FATHER		MOTHER	
FULL NAME	Alex. Bills.	FULL MAIDEN NAME	Hattie Mable MacMartin
RESIDENCE	Nampa, Ida.	RESIDENCE	
COLOR	White	AGE AT LAST BIRTHDAY (Years)	56
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Cottonwood Utah	BIRTHPLACE	New York
OCCUPATION	Retired Farmer	OCCUPATION	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Physician

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug 6 13 D. W. Calvert M.D.

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

SEP 17 1971

FEB 18 1942

389-203-016-291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 14595

No. ____ St.

Primary Registration District No. 2196

Registered No. 2.

Hospital ____

FULL NAME OF CHILD Vida L. Christopherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Aug. 3rd 1913

FATHER		MOTHER	
FULL NAME	Fritz Christopherson	FULL MAIDEN NAME	Francis Bradey
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 3 1913 Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1942

554-1041 016-155

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 14596

No. ____, ____ St.

Primary Registration District No. 2196 Registered No. 3

Hospital ____

FULL NAME OF CHILD Julius Moroni Neilsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Aug. 4th 1913

	FATHER	MOTHER
FULL NAME	Julius Neilsen	FULL MAIDEN NAME Laura Olivia Jensen
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	America	Norway
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Hallman

Midwife (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug. 10 1913 Dr. J. C. Patterson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

ACE OF BIRTH

319-106-016-219

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m.2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 14597A

Primary Registration District No. 2196 Registered No. 4

FULL NAME OF CHILD Stephen Rollins Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Aug. 6 1913

FATHER		MOTHER	
FULL NAME	Geo. Carlson	FULL MAIDEN NAME	Addie Barton
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

Midwife (Physician or midwife)

Address Burley Idaho.

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Aug. 10 1913 Dr. J. C. Patterson
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 21 3 56 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of SACRAMENTO } ss.

Certificate No. 14597A

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Carlson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 6, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by SONS BIRTH CERTIFICATE 1-27-48 MARRIAGE LICENCE prepared on 9-1-34 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Stephen Rollins Carlson

Subscribed and sworn to before me this 16 day of JUNE, 1976

Notary Public, residing at GALT, CALIF

My commission expires APRIL 4, 1979

(Seal)

Signed x Mae Louise Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 PACIFIC ST GALT Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SACRAMENTO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of JUNE, 1976

Notary Public, residing at GALT, CAL

My commission expires APRIL 4, 1979

(Seal)

Signed Mae Louise Carlson
(Signature of Any Credible Person)

215 PACIFIC ST GALT CA
(Street Address, City, State)

FORM DH 60-155

CL 5/24/76 mm

Mark 1

Notification of Birth Registratin from Claifornia gives child's name as Stephen Rollin Carlson, Jr. born Jan 27, 1948 at Sonoma, Calif. father's nameas Steohen Rollin Carlson, Sr. and mother's maiden name as Mae Louise Reynolds. Viewed by V. S.

JUN 2 2 1976

Marriage record from Claiforn, Napa, County, gives names as Stephen Rollins Carlson and Jeanette Louise Reynolds, dated Sept. 1, 1934. viewed by V. S.

OFFICIAL SEAL
HERMAN LA VINE
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My Comm. Expires April 4, 1979

OFFICIAL SEAL
HERMAN LA VINE
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My Comm. Expires April 4, 1979

255-107-610-655

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14598

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 5

FULL NAME OF CHILD Ralph F. Bentler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 9th 1913

FATHER		MOTHER	
FULL NAME	Ed Bentler	FULL MAIDEN NAME	Gertie Meeks
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 10 1913

..... Registrar

Dr. J. C. Patterson Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 14598

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Beutler (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1913 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Unnamed	Ralph F. Beutler

Subscribed and sworn to before me this 19 day of February, 1964

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Elmer Beutler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4721 Cassia st Boise Ada.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation gives name as Ralph F. Beutler son of Edward Beutler and Gertrude Weeks born Aug 9, 1913. Issued June 6, 1934 by W. N Alfred, Bishop. L. D. S. Church Mission Ward S. F. Stake. Viewed by Vital Statistics

Marriage Certificate gives name as Ralph F. Beutler issued by Arel H. Jensen Sept. 23, 1937 ada county, state of Idaho.

FEB 20 1964

Viewed by V. S. Feb. 19, 1964

45-21816-268

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 14599

Primary Registration District No. 2196 Registered No. 6

FULL NAME OF CHILD Edna Meakins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	8-18-13

FATHER		MOTHER	
FULL NAME	H. R. Meakins	FULL MAIDEN NAME	Clara Kohl
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), on the date above stated, at 1.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 18th 1913 Dr. J. C. Patterson

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Bonneville

OCT 1 8 197?

319-218-016-214

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14600

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

Registered No. 7

FULL NAME OF CHILD Alice Enola Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug 18 1913

FATHER		MOTHER	
FULL NAME	John Larsan	FULL MAIDEN NAME	Florence Samuelson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

(Signature) Mrs Hulda Shallman

Midwife (Physician or midwife)

Address Burley Ida.

Filed Aug. 21 1913 Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 21 9 50 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia

Certificate No. 14600

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Larson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 18, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by being older brother and of his own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Larson	Alice Enola Larson
~~Date of birth~~	Aug. 18, 1913	August 18, 1913

Subscribed and sworn to before me this 17th day of August, 19 71.

Notary Public, residing at Burley, Idaho
My commission expires March 11, 1974.
(Seal)

Signed Frank Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 2, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60.155 CL 6/9/71 nm

Burley Senior High School, Burley, Idaho gives name as Alice Enola Larson
Daated May 14, 1931. Viewed by KK VS MAY 24 1973

Certificate of Baptism and Confirmation from LDS Church gives name as Alice Enola Larsen daughter of Erick J. Larsen and Florence Samulesen . Born Aug. 18, 1913 Was Baptized April 2, 1922. Viewed by V. S.

459-220016 319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-[illegible]

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 14601

No. ..... St.

Primary Registration District No. 2196

Registered No. 8

Hospital .....

FULL NAME OF CHILD Clara L. Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Aug. 20th 1913

FATHER		MOTHER	
FULL NAME	Austin Merrill	FULL MAIDEN NAME	Clara Larson
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 21 1913 Dr. J. C. Patterson

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended: 8/1/73

PLACE OF BIRTH

418-22-2016-215

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—Rev. 1-15

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 14602

Primary Registration District No. 2196 Registered No. 9

FULL NAME OF CHILD Carrie Daisy Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Aug. 21 1913

FATHER		MOTHER	
FULL NAME	E. W. Dayley	FULL MAIDEN NAME	Carrie Sanford
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda Shallenaw

Midwife (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 21 1913

Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 14602

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Carrie (Name on Original Certificate) who was born (Was Born or Died) on August 21, 1913 (Date of Event) in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Carrie	Carrie Daisy Dayley

Subscribed and sworn to before me this 1st day of August 1973

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

X Signed Linda C Johnstein

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1930 N 17th Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file Idaho #421973 for child born on September 25, 1940 gives mother's name as Carrie Daisy Dayley -- viewed by VS

Certificate of Baptism & Confirmation, LDS Church, signed by Alma Tilley, cl and bishop of ward. Baptized on September 4, 1921 gives Carrie Daisy Dayley daughter of Charles W. Dayley and Carrie M. Sanford born August 21, 1913 in Burley, Cassia County, Idaho. -- Viewed by V.S.

AUG 1 1973

519-221-016-168

PLACE OF BIRTH amend 8-19-82

Form V.S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 14603

Primary Registration District No. 2196 Registered No. 10

FULL NAME OF CHILD Rebecca C. Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fr.			yes	Aug. 21 1913

FATHER		MOTHER	
FULL NAME	C. Larsen	FULL MAIDEN NAME	Emma Johansen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 21 1913 Dr. J. C. Patterson Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F

NOV 4 1976

2-17-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 18 2 41 PM '82

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Cassia } ss.

Certificate No. 14603
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Rebekka C. Larson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-21-13 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Rebekka C. Larson	Rebecca C. Larsen
fathers last name	Larson	Larsen

Subscribed and sworn to before me this 16th day of Aug., 19 82
Notary Public, [illegible]
Residing at Meridian Idaho
My commission expires [illegible]
(Seal)

Rebecca C. Larsen
Signature of Applicant
1500 W. Maple Ave. Apt. A
Street Address, City, State
Meridian Ida. 83642

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Aug., 19 82
Notary Public, [illegible]
Residing at Rexburg Idaho
My commission expires [illegible]
(Seal)

Betty H. Eastburn
Supporting Signature
3178 S Overland
Street Address, City, State

AUG 19 1982

Original Register Family Record obviously old shows Rebecca Carolyn Nees born 8-21-13 to Carl M Larsen and Emma Matilda Johnsen. Last entry in family fecord was 11-2-54. Viewed by V.S.

Marriage License gives Rebecca C Larsen and Ralph C Nees were married 8-25-30 in Canyon County. Viewed by V.S.

Birth Certificate for Charlotte May Nees born 5-16-38 in Payette gives mothers maiden name as Rebecca C. Larsen. State file#272059. Viewed by V.S.

419-124-016-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 14604

Primary Registration District No. 2196 Registered No. 11

FULL NAME OF CHILD Jay W. Merchant

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug. 24th 1913

FATHER

FULL NAME Stanley Merchant

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hattie J. Hanks

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 24 1913 Dr. J. C. Patterson

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

File No.

Registrars No.

MOTHER

MAIDEN NAME

RESIDENCE

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154/26/01/6/54

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 14605

Primary Registration District No. 2196 Registered No. 12

FULL NAME OF CHILD James H. Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		No.	Aug. 26th 1913

FATHER

FULL NAME Harold Hennig

RESIDENCE Rupert, Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Arkansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ida Anderson

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Idaho.

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Filed Aug. 26 1913 Dr. J. C. Patterson Registrar

8-Y CO. 20174

[redacted]

294.130.016.799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 146

Primary Registration District No. 2196 Registered No. 1

FULL NAME OF CHILD Paul Joseph Bradshaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)
M.			yes	Aug. 30

FATHER		MOTHER	
FULL NAME	Wm Bradshaw	FULL MAIDEN NAME	Mary Griswold
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	3
BIRTHPLACE	Penn.	BIRTHPLACE	Ill.
OCCUPATION	Real Estate	OCCUPATION	M.D.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug. 30 1913 Dr. J. C. Patterson
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORD OF BIRTH

City of _____

N _____

Registration District No. _____ File No. _____

City Registration District No. _____ Registered No. _____

Number of child if plural birth)	Legiti-mate?	Date of Birth (Month)

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

of children of this mother now living, including present birth

PHYSICIAN OR MIDWIFE:

(Give or address)

(Physician or midwife)

418-29-01625

PLACE OF BIRTH

Form V. S. No. 11-C-20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 14607

Primary Registration District No. 2196 Registered No. 14

FULL NAME OF CHILD Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes.	Aug. 31st 1913

FATHER

FULL NAME: B. F. Dayley

RESIDENCE: Burley Ida.

COLOR: white AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nettie Sanford

RESIDENCE: Burley Ida.

COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION:

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 31st 1913 Dr. J. C. Patterson Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF LIVE BIRTH

City of _____ Registration District No. _____ File No. _____

No. _____ Registry Registration District No. _____ Registered No. _____

Number in plural birth	Length—months	Date of Birth (Month) (Day) (Year) 19__

MOTHER

FULL MAIDEN NAME

RESIDENCE

[redacted]

(Years)

OCCUPATION

of children of this mother now living, including present birth

PHYSICIAN OR MIDWIFE

at

(Live or stillborn)

(Physician or midwife)

Registrar

253-114 01b.163

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 14608

Primary Registration District No. 2196 Registered No. 15

FULL NAME OF CHILD Cecil Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	8 — 14 — 1913

FATHER	MOTHER
FULL NAME Archie Bell	FULL MAIDEN NAME Myrtle Jolly
RESIDENCE Burley Ida	RESIDENCE Burley Ida.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1145 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. Terry, MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 9-8-19 12 J. Patterson Jnd Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Amended 6/13/73

255-13-0016-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 14609

Primary Registration District No. 2196 Registered No. 16

FULL NAME OF CHILD George Lamont Bennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 — 31 — 1913

FATHER

FULL NAME: Burton D Bennett

RESIDENCE: Burley Idaho

COLOR: W AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Cora E Butler

RESIDENCE: Burley Idaho

COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Toone M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 9-5-13 19..... Dr. J. C. Patterson

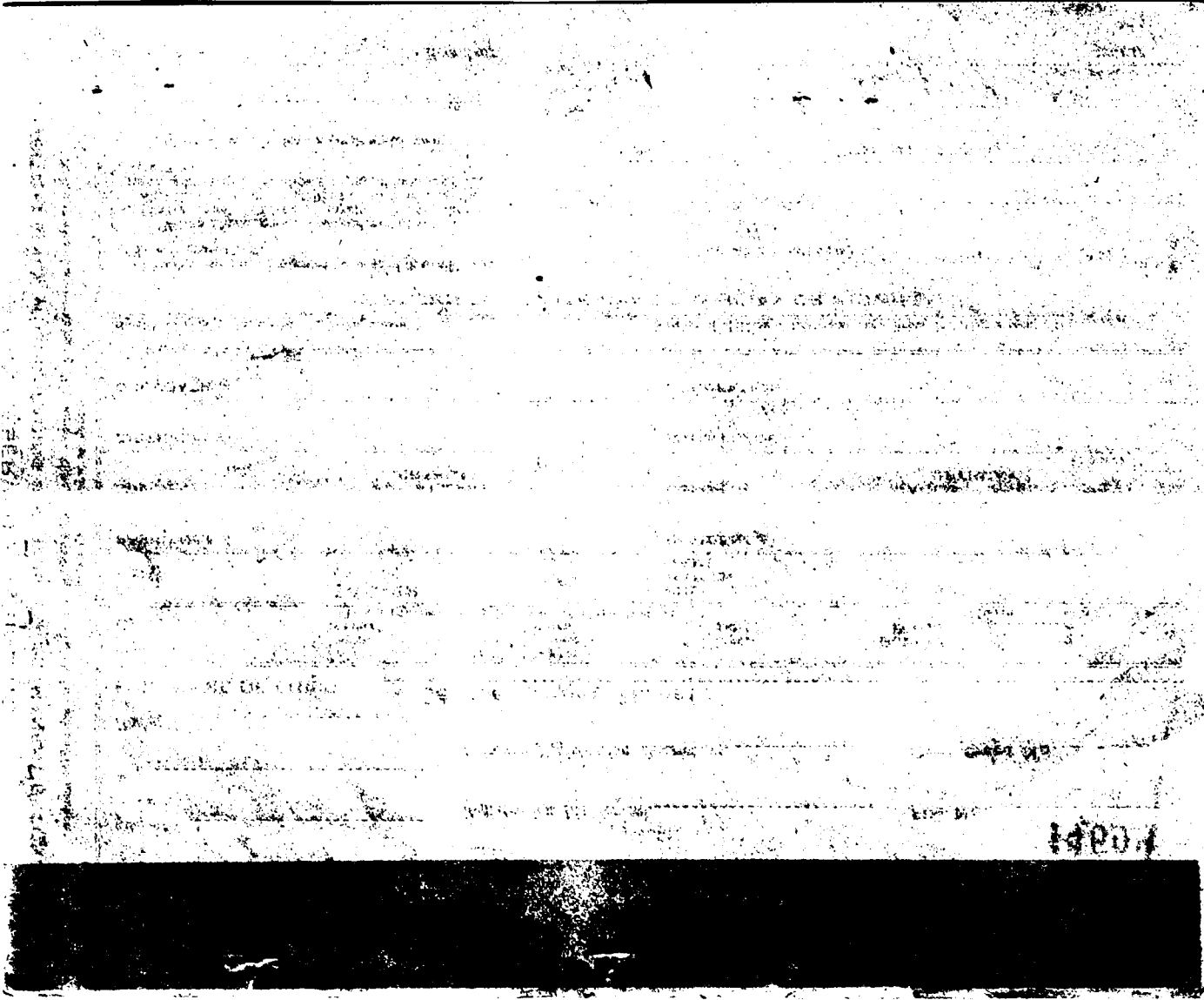
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



6 6 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 11 27 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 14609

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bennet (Name on Original Certificate) who was born (Was Born or Died) on Aug. 30, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	George Lamont Bennett
Date of birth	Aug. 30, 1913	Aug. 31, 1913
Fathers name	Bennet	Bennett

Subscribed and sworn to before me this 6th day of June, 1973

Florence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Linda Rae Bennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Sisters birth certificate State of Idaho # DE64-735 Myrtle May Bennett born May 10, 1905 at Albion, Idaho gives fathers name as Burton D. Bennett.
Viewed by VS

JUN 13 1973

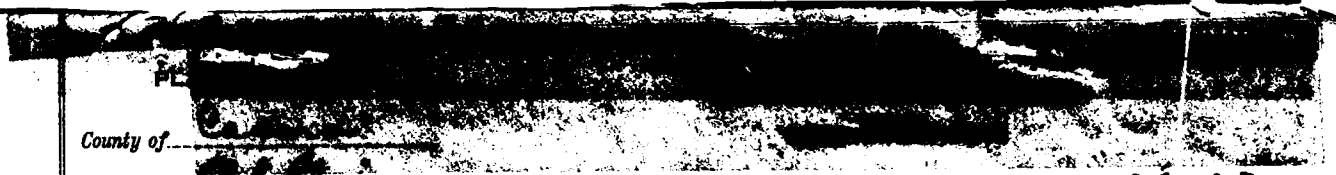
Own Childs birth certificate George Loren Bennett born July 20, 1937 at Boise, Idaho State File No. 256590 gives fathers name as George Lamont Bennett.
Viewed by VS

Death certificate of father gives name spelled Burton Daird Bennett, who died Feb. 18, 1947 in Burley, Idaho. State file # 152727.
Viewed by V.S.

Application for General Purpose & Livestock Loan - Production Credit Association dated March 28, 1963 gives name as George L. Bennett date of birth Aug.31,1913.

Viewed by VS
(Boise, Idaho)
Nationwide Life Insurance Co. Policy # GE7500-160-L dated Jan. 1, 1967 gives name as George L. Bennett born Aug. 31, 1913 .

Viewed by VS



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of

City of Albion Registration District No. File No. 14610

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD MAX Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Aug. 28th 1913.

FATHER		MOTHER	
FULL NAME	G. O. Tolman	FULL MAIDEN NAME	Katherine Lovelace
RESIDENCE	Albion, Ida.	RESIDENCE	Albion, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Manager Telephone Co.	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed 9-8 1913 V. R. Tullen Registrar

S-Y CO. 20172 Registrar

CERTIFICATE OF BIRTH

File No.

Registration District No.

Registered No.

Name	Sex	Legitimate?	Date of Birth	Age (Years)
			MOTHER	
FULL MAIDEN NAME				
RESIDENCE				
OCCUPATION			AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE				
CERTIFICATION				

Signature of the Registrar

PHYSICIAN OR MIDWIFE

Signature

1 ft. 3 in.

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 14610

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Tolman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 28, 1913 (DATE OF EVENT)
in Albion, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Max Tolman

Subscribed and sworn to before me this 6 day of March, 1943

O.M. Thurber

Notary Public, residing at Van Nuys, Calif.

My commission expires March 12, 1946 (SEAL)

Signed Mrs Iona Schmidt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

16037 Cantlay, Van Nuys, Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of March, 1943

O.M. Thurber

Notary Public, residing at Van Nuys Calif.

My commission expires March 12, 1946 (SEAL)

Signed L. A. Schmidt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

16037 Cantlay St Van Nuys
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 19 1969

386-129-016-451

PLACE OF BIRTH

of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 14611

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Boy Non-

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	8 (Month) 29 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: L. A. Thomsik	FULL MAIDEN NAME: Hannah Deady
RESIDENCE: Albion Ida.	RESIDENCE: Albion Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-8 1913 T. R. Miller

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

File No. 1441

562-423 d6-749

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form B. S. No. 11-C—20m-8-31-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 14612

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	August 23 1913

FATHER	MOTHER
FULL NAME George Hostler	FULL MAIDEN NAME Eliza Jones
RESIDENCE Albion Ida	RESIDENCE Albion Ida.
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Albion Idaho	BIRTHPLACE Albion Idaho
OCCUPATION Farmer	OCCUPATION Home work

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Story M.D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report

..... 19.....

Filed 9-8 1913

V. R. Tullen
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C--Rm-9-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913-396894

154-1011034-862

[redacted] OF BIRTH

Form V. S. No. 11-G—10m-8-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. ____ File No. 14613

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Leonel Howard Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	6 / 191..

FATHER	MOTHER
FULL NAME Leo Anderson	FULL MAIDEN NAME Anna Hulda Hokanson
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kemmerer

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Rupert Idaho

9-2-13 V R Tuller

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SOUTH PLAINS PRINTING CO., LUBBOCK, TEXAS — FORM 1903A (PERMANENT) RECORD

K

Certified Copy issued Nov. 25, 1940. E.W.

DECEASED

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14614

County of Minidoka

City of Rupert

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	6 2 191

FATHER		MOTHER	
FULL NAME	William Evans	FULL MAIDEN NAME	Isabel Crouch
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Dempsey

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 9-2 1913 V R Killen Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated

SYMS - YORK CO., PTGS. & BDRS. 17526

Child

(To be approved only in event of plural birth)

FULL NAME	PATHER	FULL MAIDEN NAME	MOTHER
		RESIDENCE	

[redacted] 526-52-9993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Idaho 6-7-11

CERTIFICATE OF BIRTH

Co. [redacted]

City of Rupert

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14005

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	King D Baker	Ada Richardson
RESIDENCE	Jackson	Jackson
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Arkansas	Tennessee
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Spraggs

(Physician or Midwife)

Address Rupert - Idaho

Filed 9-2 1913 V R [redacted] Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

JUN 1 3 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Heyburn

No. ..... St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 14615

Primary Registration District No. .....

Registered No. 1

FULL NAME OF CHILD Elvira Haydock

Sex of Child Female

Twin, Triplet or other? ..... and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? yes

Date of birth May 11 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Joseph C Haydock	FULL MAIDEN NAME	Latta Grimes
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rockville North Carolina	BIRTHPLACE	Athens Tenn
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 1 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mutton

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jany 19 13 W. R. Killen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DECEASED

915 [redacted]

[redacted] STATE OF IDAHO
[redacted] of Vital Statistics
[redacted] CERTIFICATE OF BIRTH

Form [redacted]

County of [redacted]

City of Eagle

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 1461

Primary Registration District No. 201 2 Registered No. 6

FULL NAME OF CHILD Stephen James [redacted] Rankin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day)
male			yes	Aug 10 [redacted] 3

	FATHER	MOTHER
FULL NAME	Stephen L. Rankin	[redacted] Goldie Stephens
RESIDENCE	Eagle	Eagle
COLOR	white	white
AGE AT LAST BIRTHDAY	32 (Years)	31 (years)
BIRTHPLACE	Kansas	Kentucky
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 2 7

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9-13 [redacted], on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin W. Boise

Filed Sept 2 19 13 O. E. Bloom M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

{in order of birth
n event of plural births)

Legiti-
mate?

a eyes?

uing present birth

Number of children of this mother now

MC

THER

FULL
MAIDEN
NAME

MARGIN RESERVED FOR BINDING

95-229 gov-296

PLACE OF BIRTH

Form V. S. No. 11C—20m-2-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle — Registration District No. 10 — File No. 14618

No. ____ St. — Primary Registration District No. 2602 — Registered No. 6

Hospital ____

FULL NAME OF CHILD Margaret Records

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 29 1913

FATHER		MOTHER	
FULL NAME	Alfred Record	FULL MAIDEN NAME	Edith Brown
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Bloom M. D.

(Physician or midwife)

Address Eagle

Given names added from a supplemental report

....., 19.....

Filed Aug 29 19 13 O. F. Bloom M. D.

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

COLOR

AGE AT LAST BIRTHDAY

848 [illegible]

15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 10 [illegible] File No. 14619

No. Dry Creek St.

Primary Registration District No. 202 Registered No. 3

Hospital

FULL NAME OF CHILD Ellen Addis Hurt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	May 9th, 1913

FATHER		MOTHER	
FULL NAME	Claud W. Hurt	FULL MAIDEN NAME	Frances Davis
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5 25 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 11 19 13 O. R. Bloom Jr.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ida 100-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 10 File No. 14620

Primary Registration District No. 202 Registered No. 7

FULL NAME OF CHILD .....

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: August (Month) 12 (Day) 1913 (Year)

FATHER

FULL NAME: Alfred B Smith

RESIDENCE: Eagle

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Parma Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Blanch Goodall

RESIDENCE: Eagle

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

Wm H Tukey M. D.

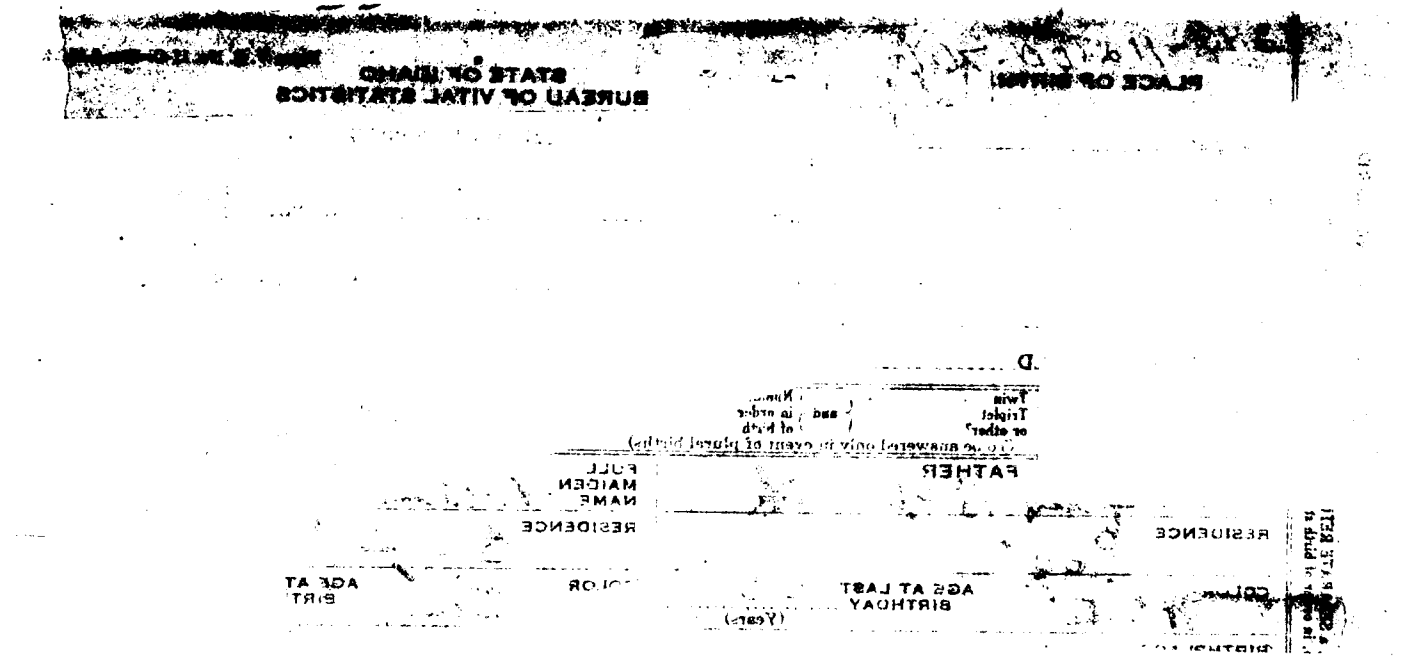
(Physician or midwife) Eagle.

Address .....

Filed Sept 7 19 13 OR Bloom M.D.

Registrar

S-Y CO. 20174



DUP OF 1913-16056

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended 12-12-56

238-106-032-381

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 1017 File No. 14621

Primary Registration District No. 2017 Registered No. .....

FULL NAME OF CHILD Albert William Schmeck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 6 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Frank Schmeck	FULL MAIDEN NAME	Francis Chaffie
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Texas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) E. D. Piper, M. D.

(Physician or midwife)

Address Jerome, Idaho

Filed 9-1-13 192.. E. D. Piper

Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Klamath } ss.

Certificate No. 14621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Charles Schmeck (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4, 1913 (Date of Event)
in Jerome (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on Jerome, Idaho & Klamath Falls Public Schools (Give Date) are:
Social Security Card #560-05-6366 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	William Charles Schmeck	Albert William Schmeck
Birthdate	Aug. 4, 1913	Aug. 6, 1913

Subscribed and sworn to before me this 30 day of
Nov 1956
Chas. F. Wells Co. Clerk, Klamath
Notary Public, residing at County Oregon
My commission expires
(Seal)

Signed Mrs Ida M. Rowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1130 Calif Ave. Klamath Falls, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of
Nov 1956
Chas. F. Wells Co. Clerk, Klamath County, Or
Notary Public, residing at
My commission expires
(Seal)

Signed Le Roy Rowe
(Signature of Any Credible Person)
1130 Calif Ave. Klamath Falls Oregon
(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4733 [illegible] 2-693

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14622

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD unnamed Mc. Cabe

Sex of Child: F | Twin Triplet or other: Twin | and Number in order of birth: 2nd | Legitimate? yes | Date of Birth: Aug 6 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Chas Mc. Cabe

RESIDENCE: 5 mi SW of Jerome

COLOR: white AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Deborah Wilson

RESIDENCE: 5 mi SW of Jerome

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Ireland

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. D. Pyper M.D.

(Physician or midwife)

Address Jerome Ida

Filed Sept 1 1913 E. D. Pyper Registrar

S-Y CO. 24686

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lincoln

City of Jerome

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 14623

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD unnamed McCabe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
Male	Twin (To be answered only in event of plural births)	1	Yes	Aug 6

FATHER		MOTHER	
FULL NAME	Chas McCabe	FULL MAIDEN NAME	Deborah Wilson
RESIDENCE	5 mi SW of Jerome	RESIDENCE	5 mi S.W. of Jerome
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Ireland
		OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pyle M.D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

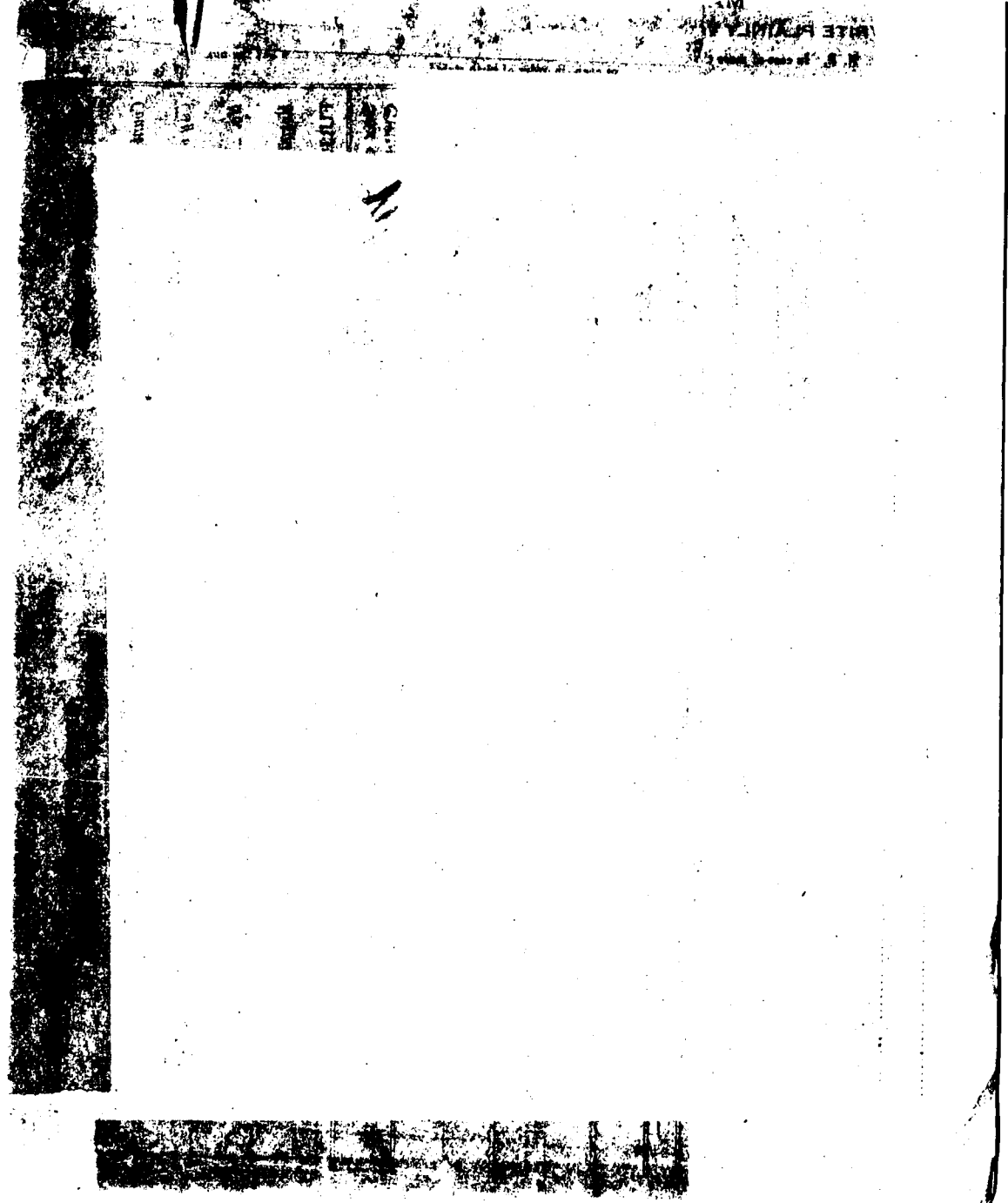
..... 19.....

Filed Sept 1 1913 C. D. Pyle

Registrar

..... Registrar

E-Y CO. 24658



796-103-01

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. File No. 14624

No. St. Primary Registration District No. 7 Registered No.

Hospital

FULL NAME OF CHILD Derrell Grass

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 3 1913

FATHER		MOTHER	
FULL NAME	Abe S. Grass	FULL MAIDEN NAME	Mary Redmon
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Calonge M.D.
Per S.S.C.
(Physician or midwife)

Given names added from a supplemental report

Address Nampa

.....19.....

Filed Sept. 4 1913 S. S. Calonge M.D.
Registrar

.....
Registrar

8-Y CO. 20174

MA.
SERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Hospital

Primary Registration District No.

FULL NAME OF CHILD

DUP OF 1913 -297860

893.116.014.2B4

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 14625

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD John M. Hilty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes.	Aug. 16 (Month) 1913 (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hilty	Kathryn Blosser
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.
Per S.D.C. Nampa
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug. 20 1913 S. D. Calonge M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 28 1942

PLACE OF BIRTH

(County of) _____

SEP 4 1975

15Y-12/.0/K335

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kanyon

City of Nampa

Registration District No. ..... File No. 14626

No. ..... St.

Primary Registration District No. 7 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anderson, Carl Wilber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Aug. 21 1913.

FATHER	MOTHER
FULL NAME Nels W. Anderson	FULL MAIDEN NAME Bertina Cleaver
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Nebraska
OCCUPATION Engineer R.R.	OCCUPATION House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Calonge M.D.
Per S.S.C.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa

Filed Aug 22 1913 S. S. Calonge M.D.

..... Registrar

8-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card gives name as Carl Wilber Anderson. Social Security #533-16-6004.
Notice of Classification gives name as Carl Wilbur Anderson. Dated August 18, 1945. for Armed Forces Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14626

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Nampa birth (Birth or Death)
for unnamed Anderson (Name on Original Certificate) who was born (Was Born or Died) on August 21, 1913 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Anderson	Carl Wilber Anderson

Subscribed and sworn to before me this 20 day of March, 1962

..... Notary Public, residing at Boise
My commission expires June 8, 1963
(Seal)

Signed Mrs. Bertina M. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1962

..... Notary Public, residing at Boise
My commission expires 2-7-63
(Seal)

Signed ..... (Signature of Any Credible Person)

709 Public Boise Idaho (Street Address, City, State)

FORM DH 60-155

MAR 21 1962

493-231-01K693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14627

County of Canyon

City of Nampa

Registration District No.

No. St.

Primary Registration District No. 7

Registered No.

Hospital

FULL NAME OF CHILD — Dickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 31 1913

FATHER		MOTHER	
FULL NAME	Oliver Dickman	FULL MAIDEN NAME	Minnie Williams
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

Per S.D.C. (Physician or midwife)

Address Nampa

Given names added from a supplemental report

....., 19.....

Filed Sept. 1 19 13 S. D. Calonge M.D. Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JAN 5 1976

THIS IS A PERMANENT RECORD

299-123-014-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14628

County of Canyon

City of Nampa

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 7 Registered No. _____

Hospital _____

FULL NAME OF CHILD Joseph William Krungo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	Wm J. Krungo	FULL MAIDEN NAME	Josephine Greener
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Fireman R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Cadonger M.D.
Per S.S.C.
(Physician or midwife)

Address Nampa

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Aug 24 1913 S. S. Cadonger M.D. Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 3 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wisconsin } ss.
County of Winnebago

Certificate No. 14628

Date Filed

RECEIVED APR 13 1976 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Krings (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 23, 1913 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Joseph William Krings

Subscribed and sworn to before me this 9 day of April, 19 76

Notary Public, residing at Winneconne, Wis.
My commission expires My Commission Expires June 25, 1978
(Seal)

Signed Josephine M. Krings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

104 N. 6th St Winneconne, Wis
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.
County of Winnebago

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of April, 19 76

Notary Public, residing at Winneconne Wis
My commission expires My Commission Expires June 25, 1978
(Seal)

Signed Edna K. Krings
(Signature of Any Credible Person)

104 N. 6th St Winneconne, Wis
(Street Address, City, State)

FORM DH 60-155

CL 3/30/76

Extract from the Baptismal Register ■■ of St. John's Cathedral, Boise, Idaho. dated Nov 18, 1913 for Baptism. gives nameas Joseph William Krings. born Aug 23, 1913 son of William Krings and Josephine Greiner. viewed by V. S.

APR 23 1976

Honorable Discharge from the Army gives name as Joseph W. Krings born Aug 23, 1913 at Nampa, Idaho. date of separation. viewed by V. S.

8/9. [redacted]

U. S. No. 11-C—20m-2-15-12

[redacted]

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. _____ File No. 14629

No. _____ St.

Primary Registration District No. 7 Registered No. _____

Hospital _____

FULL NAME OF CHILD Harris MARGARET ELIZABETH HARRIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 1 1913

FATHER	MOTHER
FULL NAME Thos. M. Harris	FULL MAIDEN NAME Elizabeth E. Harsine
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	COLOR
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Colorado
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

Per S. D. Co.

(Physician or midwife)

Address Nampa

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 2 1913 S. D. Calonge M.D.

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 14629

Date Filed Feb. 26. 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Elizabeth Harris (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1st 1913 (Date of Event)
in Nampa (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr records and mom fill (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Harris	Margaret Elizabeth Harris
Birth date Sept 1st 1913		Margaret Elizabeth Harris

Subscribed and sworn to before me this 25
day of March, 19 42

Notary Public, residing at Caldwell

My commission expires 12/1/44
(Seal)

Signed Mrs Thos. N. Harris (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 21 1942

8-93107-016319

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 14630

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD George James Hiles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				5 / 7 / 13

FATHER

FULL NAME: G. W. Hiles

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Etta Carpenter

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: New York

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) G. D. A. Kellogg

Physician

(Physician or midwife)

Address Nampa Ida

Filed Aug 8 1913 S. D. Calonge Registrar

8-V GS. 80174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1

SEP 13 1960

APR 6 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 7

[redacted]

[redacted]

County of Canyon

City of Nampa

Registration District No. _____ File No. 14632

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Bessie Bernice Badley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	9 / 2 / 13

FATHER	MOTHER
FULL NAME: John E. Badley	FULL MAIDEN NAME: Edith Nestrum
RESIDENCE:	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Tennessee
OCCUPATION:	OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1:45 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. A. Kellogg

S Lugo. (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-5 1913 S. P. Calanye Registrar

JMS

8-Y CO. 20174

SECOSO

Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

City of Nampa

No. ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. ____

File No. 14633

Registered No. ____

FULL NAME OF CHILD Orpha Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	✓	Yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	Wm Hamilton	FULL MAIDEN NAME	Rosa Dieckmann
RESIDENCE	Near Nampa, Ida.	RESIDENCE	Near Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon,
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 AM, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. D. Calanger M.D.

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9/6 1913 F. D. Calanger

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

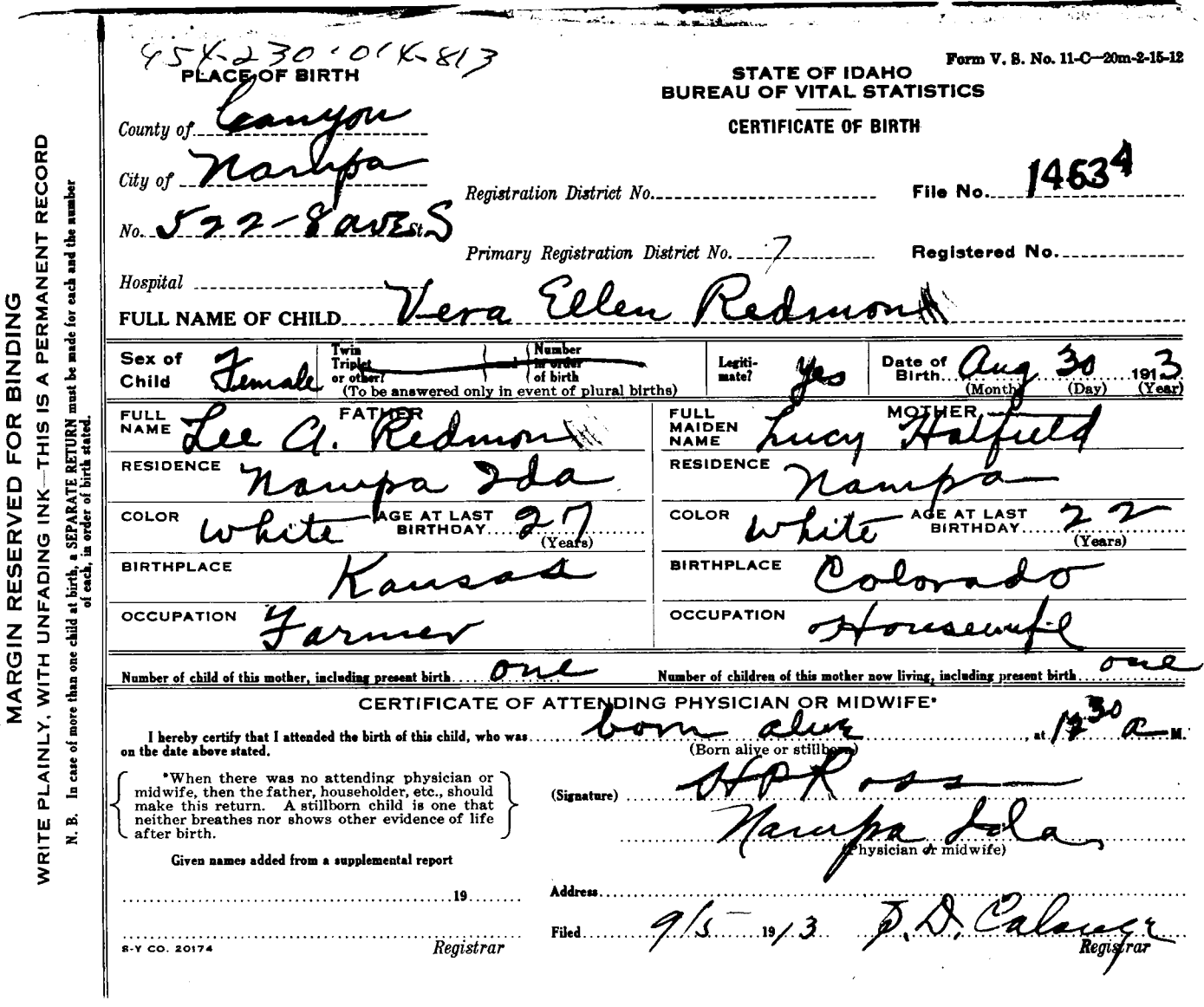
Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of



95-K-230-01K-813

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 522 8th Ave S

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14634

Primary Registration District No. Registered No.

FULL NAME OF CHILD Vera Ellen Redmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee A. Redmon	Lucy Hatfield
RESIDENCE	Nampa Ida	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Kansas	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Nampa Ida (Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9/5 19 13 D. D. Calaway
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-218 [redacted]

PLACE [redacted]

[redacted] OF IDAHO

VITAL STATISTICS

Form V. S. No. 11—25m [redacted]

[redacted] CATE OF BIRTH

County of Owyhee

City of Murphy

No. ____ St.

Hospital ____

Registration District No. ____

Primary Registration District No. ____

File No. 14635

Registered No. ____

Full Name of Child Peggy Marie Stevens

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Aug. 18 13

FATHER		MOTHER	
FULL NAME	Edgar Stevens	FULL MAIDEN NAME	Lavinia Alice Moore
RESIDENCE		RESIDENCE	Murphy, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Middletown, California	BIRTHPLACE	St. Louis, Missouri
OCCUPATION	Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Rose

Physician
(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report

....19....

Registrar

Filed 9/5 19 13

P. D. Calaway
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-114-2[illegible]9

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 510 15th Ave. N. St.

[redacted] STATE OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted] ERTIFICATE OF BIRTH

14636

Registration District No. [illegible] File No.

Primary Registration District No. 7 Registered No.

Hospital

FULL NAME OF CHILD Hartson J. VanHouten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Aug 14 1913

	FATHER	MOTHER
FULL NAME	Elmer Samuel VanHouten	FULL MAIDEN NAME Edna Mildred Perry
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	23 (Years)
BIRTHPLACE	S. Dakota	S. Dakota
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 930 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Ross

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9/5 1913 D. D. Calange
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 4 ave + 8-St. N.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 14637

Primary Registration District No. 7 Registered No. _____

Hospital _____

FULL NAME OF CHILD Charlotte Groves Michener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	Aug 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred G. Michener	Lola Miller
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	22
BIRTHPLACE	Col	Idaho
OCCUPATION	Foreman	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Murray

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9/5 1913 D. D. Calouge Registrar

8-Y CO. 20174

Form V. S. No. 11-0—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JAN 27 1953

86K-220-01K-849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. _____ File No. 14638

No. _____ St.

Primary Registration District No. 7 Registered No. _____

Hospital —

FULL NAME OF CHILD Minnabell Bell Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x	x	Yes	Aug 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J Young	Ethel Bailey
RESIDENCE	Wyoming	Wyoming
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	26
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 85 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Murray

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9/5 1913 D. S. Calonge Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 22 1961

County of

165-253-ORK 381

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 9th Ave. Bet 2nd & 3rd St. S,

Hospital X

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 14639

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Linna Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	Aug 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Jones	Lula Chaney
RESIDENCE	Nampa Ida	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Texas	Mo.
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

Filed 9 5 1913 P. D. Colaugh

Registrar

.....

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SPACE RESERVED FOR BINDING

Form V.S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 14 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-10-00-296

PLACE OF BIRTH:

[redacted]

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. R. F. D. No. 1 St.

Hospital X

Registration District No. 7

Primary Registration District No. Nampa Idaho

File No. 14640

Registered No.

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X		X	Yes	Sept 8 - 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. C. Curtis	FULL MAIDEN NAME	Mabel J. Brown
RESIDENCE	Kuna R F D No 1	RESIDENCE	Kuna R F D No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. H. Murray M.D.
Physician

(Physician or midwife)

Address Nampa Ida

Filed 9/5 1913 P. D. Calonger
Registrar

S-Y CO. 20174

Form V. S. No. 17-0—20m-12-18

ATE OF IDAHO
OF VITAL STATISTICS

ATE OF BIRTH

PLACE OF BIRTH

Amended November 20, 1958

PLACE OF BIRTH

435.205.004-869

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 14641

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Maxine Frances McNabb

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Female				yes	Aug 5 13

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER

FULL NAME Pete McNabb

RESIDENCE Umatilla, Oregon

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Missouri

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Sarah Horsley

RESIDENCE Umatilla, Oregon

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) H. H. King, M.D.

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 8/5/13 192 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents give middle name as Frances, Marriage Certificate , dated June 7, 1936. Umatilla, Oregon--High School diploma, dated May 14, 1931, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14641

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances Sarah McNabb (Name on Original Certificate) who was born (Was Born or Died) on Aug 5, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frances Sarah McNabb	Maxine Francis McNabb Frances

Subscribed and sworn to before me this 21 day of July 1958

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Phoebe Stowell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1815 Jackson La Grande Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of July 1958

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Herbert Hornby
(Signature of Any Credible Person)
Belmont Apts
Missoula Montana
(Street Address, City, State)

FORM DPH 55. 155

643-211004-794

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 14642

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dora Mutherich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 11th 1913

FATHER		MOTHER	
FULL NAME	Robt. Mutherich	FULL MAIDEN NAME	Mary Deuing
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 50 a M. on the date above stated.

(Signature) W. H. Kinney M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho

Filed 8/31/ 19 13 W. H. Kinney

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

133-115-004747

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-25

Registration District No. .....

File No. 14643

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	July 15 1913

FATHER		MOTHER	
FULL NAME	Willis David Alley	FULL MAIDEN NAME	Della Paquire
RESIDENCE	St Charles, Idaho	RESIDENCE	St Charles, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lake Town, Utah	BIRTHPLACE	St. Charles, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 8:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Richards M.D.

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-13 1913

J. Walden Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

47-205-004-695

Form V. S. No. 21-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. _____ File No. 14644

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD PEARL PUGMIRE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	July 5 1913

FATHER		MOTHER	
FULL NAME	Justin Pugmire	FULL MAIDEN NAME	Hannah Elizabeth Winterbottom
RESIDENCE	Fish Haven, Idaho	RESIDENCE	Fish Haven, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 11 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich MD

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 8-13-1913

J. Matthews Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 14644

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Pearl Pugmire (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 5, 1913 (DATE OF EVENT)
in Lisbon Haven Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Pearl Pugmire

Subscribed and sworn to before me this 25
day of MARCH, 19 42

Signed Hannah Pugmire
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at 7519 LA SALLE LOS ANGELES, CA
My commission expires ..... 6027 Maltee ave Los angeles
(SEAL) (STREET ADDRESS, CITY, STATE) Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of March, 19 42

Signed Mrs. Fred M. Lockett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Maywood Calif. 6027½ maltee Ave Los Angeles
My commission expires Feb., 2nd, 1944 (STREET ADDRESS, CITY, STATE) Calif.
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 8 1940

APR 2 1975

MAR 19 1971

753-122.00X 168

PLACE OF BIRTH

Form U. S. Rev. 69-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid.

Registration District No. 53. File No. 14645

No. ..... St.

Primary Registration District No. 213 Registered No. .....

Hospital .....

FULL NAME OF CHILD Willmont Peterson.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	Aug 22 1913

FATHER	MOTHER
FULL NAME Andrew Parley Peterson.	FULL MAIDEN NAME Mary Annettie Johnson
RESIDENCE Ovid, Idaho	RESIDENCE Ovid Ida
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Bloomington, Ida	BIRTHPLACE Ovid, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Seven (7) Number of children of this mother now living, including present birth four (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L Rich M.D

(Physician or midwife)

Given names added from a supplemental report

Premature 7 Mo.

Address Paris, Idaho.

Filed 9-10 1913 W. L Rich

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of

331-212-004-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 14646

Primary Registration District No. 2132 Registered No. ____

FULL NAME OF CHILD Marguerite Clayton

Sex of Child Female | Twin, Triplet or other? X | and | Number in order of birth X | Legitimate? Yes | Date of Birth Aug 12 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William Naphi Clayton	FULL MAIDEN NAME Emma Price
RESIDENCE Paris Idaho	RESIDENCE Paris, Idaho
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
BIRTHPLACE Salt Lake, Utah	COLOR White
OCCUPATION Butcher	AGE AT LAST BIRTHDAY 32 (Years)
	BIRTHPLACE Paris Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live — (Born alive or stillborn) at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 20 1913. W. L. Rich

Registrar

R-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 11 19 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14646

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed female Clayton (Name on Original Certificate) who was born (Was Born or Died) on August 12, 1913 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named	Marguerite Clayton

Subscribed and sworn to before me this 13th day of March, 1978.

Notary Public, residing at Burley Idaho

My commission expires .....

(Seal)

Signed Susanna Clayton Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1719 Harrison Burley Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1978.

Notary Public, residing at Burley Idaho

My commission expires .....

(Seal)

Signed H. E. Rich
(Signature of Any Credible Person)

1719 Harrison Ave Burley Idaho
(Street Address, City, State)

FORM DH 60-155

CL sent 2/24/78 n.m.

Certif of Birth from the LDS Church gives name as Marguerite Clayton born Aug 12, 1913 at Paris, Idaho. Father's name as William N. Clayton and mother's name as Emma Price. entered on record Sept 4, 1921. viewed by VS

Diploma from Fielding High school from Paris Idaho gives name as Marguerite Clayton. dated May 29, 1931. viewed by V. S.

MAY 16 1978

753.115-016764

PLACE OF BIRTH

County of Cassia

City of Oakley

Name added 5-14-79 Registration District No. _____ File No. 14647

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

FULL NAME OF CHILD Earl Poulton Patterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	July 15 1913

FATHER		MOTHER	
FULL NAME	Sven M. Patterson	FULL MAIDEN NAME	Margaret Poulton
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 13 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Ohaver

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-16 1913

C. D. Oham Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20mm-15-12

STATE
BUREAU OF [illegible]STICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 8 52 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 14647
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Petterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 15, 1913 (Date of Event)

in Oakley, ID (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Earl Poulton Petterson
child's sex	female	male

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

3/19/79

notarized photocopy of certificate of ordination to priesthood as a teacher issued March 24, 1939 by Charles Leo Smith, Hazelton Ward gives Earl Poulton Petterson born at Oakley, Idaho 15 July 1913 to Margaret E. Petterson and Swen N. Petterson, blessed 5 October 1913 -- viewed by VS

Notorized copy of Marriage License gives name as Earl Petterson married February 16, 1936 at Eden, Idaho. Bride is Vera Schwab. License issued by County of Twin Falls, Idaho.
Viewed by V.S.

MAY 15 1979

319-102-0162-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 14648

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Broadwell Carr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	July 2 1913

FATHER		MOTHER	
FULL NAME	Robert Francis Carr	FULL MAIDEN NAME	Emma Laura Broadwell
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Detroit Mich	BIRTHPLACE	LaCygne Kansas
OCCUPATION	Banker	OCCUPATION	Married Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) John M. Minter M.D.

(Physician or Midwife)

Address Burley Idaho

Filed 1913 19....

.....

Registrar

SYMS - YORK CO., PTRS. & ENGS. 17880

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

PLACE OF BIRTH

JAN 2 6 1975

FILE DATE

Dept 1913.15493

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-T-11

955 · 20106-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 14649

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Blanche Elizabeth Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	yes	7- 7 [illegible]3

FATHER		MOTHER	
FULL NAME	Allen W. Reese	FULL MAIDEN NAME	Mary B. Campbell
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	RR agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-16 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 17 1952

437-106 : 06 713

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-3-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14650

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ULYSSES RAY Melsee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	7 - 6 - 1913

FATHER		MOTHER	
FULL NAME	Ulysses S. McGee	FULL MAIDEN NAME	Matilda Palmer
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Ariz.
OCCUPATION	Cinematograph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Holand M D

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-16 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [redacted]

JAN 7 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New Mexico
County of County of San Juan } ss. FEB 11 8 34 AM '77

Certificate No. 14650

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McGee (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ulysses Ray McGee

Subscribed and sworn to before me this 7th. day of February, 19 77

Notary Public, residing at Farmington, NM

My commission expires 10-16-79

(Seal)

Signed Frank A. Watkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 533, Kirtland, New Mexico 87417
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12/22/76 lbc pd. rec. #7588

Church record issued by the L.D.S.Church gives name as Ulysses Ray McGee born July 13, 1913 in Oakley, Idaho. Father Ulysses Smith McGee and mother Matilda Palmer. Blessed Sept. 7, 1913.

Marriage record to Ethel Wade gives name of groom as Ulysses Ray McGee Married August 11, 1934 at Farmington, New Mexico.

Childs birth certificate gives name of father as Ulysses Ray McGee. Child born June 3, 1936.
Viewed by V.S

795 2 c 016-434

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. ..... File No. 14651

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Alta Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	4 – 2 – 1913

FATHER		MOTHER	
FULL NAME	Samuel green	FULL MAIDEN NAME	Vivian V. McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Polohan M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-16 1913 I. P. Strickley Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Blaine

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Mateo

RECEIVED JUN 10 1971 Bureau of Vital Statistics

Certificate No. 14651

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Green (Name on Original Cert.) who was born (Was Born or Died) on July 2, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church Birth Certificate; LDS Church Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on September 7, 1913; August 7, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Omitted	Alta Green

Subscribed and sworn to before me this 3rd day of June, 19 71

Alex C. Lloyd Alex C. Lloyd

Notary Public, residing at Belmont, California

My commission expires June 17, 1973

(Seal)

Signed Richard Wentz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2515 Read Ave, Belmont, Calif - 94002

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 19 71

Alex C. Lloyd Alex C. Lloyd

Notary Public, residing at Belmont, Calif.

My commission expires June 17, 1973

(Seal)

Signed Mildred F. Wentz

(Signature of Any Credible Person)

1530 Winding Way Belmont Calif 94002

(Street Address, City, State)

FORM DH 60-155 CL 5/17/71 nm Rush

JUN 10 1971

Certificate of Baptism and Confirmation from LDS Church gives child's name as Alta Green. (Certif. dated Aug. 7, 1921) daughter fo Samuel Green and Vivian McMurray. Born July 2, 1913 at Oakley, Idaho.. Was Baptized Aug. 6, 1921 by Lewis A. Ward, Seventy and confirmed Aug. 7, 1921. Signed by Romi Adams, Clerk and J. Fred Adams, Bishop. Viewed by V. S.

Certificate of birth from LDS Church gives name as Alta Green, born July 2, 1913 at Oakley, Idaho. Father's name: Samuel Green and Mother's name: Vivian Violate McMurray. Record in Cassia Stake, Oakley 1st Ward Record of Births and Blessings 1913, pg. 244. Entered on record. Sept. 7, 1913. Viewed by V. S.

386-102 (016-413

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 14652

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Roy Mackey Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	1 - 2 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F Thornton	Rosannah Mackey
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	England	Utah
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 - 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M D

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed August 16, 19 13

E P Oldham
Registrar

..... Registrar

8-Y CO. 20174

MAR 1 9 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14652

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Thornton (Male) who was born on July 2, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Roy Mackey Thornton

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
March, 19 75

Notary Public, residing at Salt Lake City
My commission expires Sept. 2, 1975
(Seal)

Signed .....
(Signature of Any Credible Person)

X356 No. 1st. Beautiful Utah
(Street Address, City, State)

FORM DH 60-155

CL 3/19/75

Certificate of Ordination to the Holy Priesthood gives name as Roy Macky Thornton. Ordained Deacon on Jan. 10, 1927. viewed by V. S.

APR 1 1975

Honorable Discharge from the National Guard of the United States gives name as Roy M. Thornton. dated Aug. 2, 1933. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-228106 X33

PLACE OF BIRTH

County of Caddo

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 14654

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Hanes

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	6 - 28 - 1913

(To be answered only in event of plural births)

FATHER

FULL NAME: Cleve Hanes

RESIDENCE: Marion

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Verna McConnelly

RESIDENCE: Marion

COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Mo

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Oldham M D

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 8-13 1913

O P Oldham Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-201 · 16-219..

PLACE OF BIRTH

Form V. S. No. 11-C—10m.8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No.....

File No. 14655

No....., ...St.

Primary Registration District No.....

Registered No.....

Hospital .....

FULL NAME OF CHILD Viola Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 5 — (Day) 1 (Year) 1913
Female				

FATHER	MOTHER
FULL NAME Thos. E. Harper Jr	FULL MAIDEN NAME Geneva Barrett
RESIDENCE Raybourn Idaho	RESIDENCE Raybourn Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Agent + Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 45 A.M. on the date above stated.

(Signature) Dr. R. T. Story

(Physician or Midwife)

Address Burley, Idaho

Filed 8-13 1913

R. T. Story Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 10 1941

299-232-016-365

Amended 4/2/70

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14656

County of Cassia

City of Oakley

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Dolores Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	6-30-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Briggs	Eliza Cordelia Lovett
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Mohan M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-13 1913 J. P. Patterson

Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14656

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Briggs (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1913 (Date of Event) in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dolores Briggs
Child's Place of Birth	Not Given	Oakley, Idaho - Cassia Co.
Full Maiden Name of Mother	Cordelia Norett	Eliza Cordelia Lovett

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 19 61

Doris E. Floyd

Notary Public, residing at San Bernardino, Calif.
My commission expires June 18, 1963
(Seal)

Signed Dolores Briggs Reed
(Signature of Any Credible Person)

7477 Cajon Jasmine Hesperia Calif.
(Street Address, City, State)

FORM DH 60-155 CL 5-24-61. one copy pd. receipt #16413.

Another Child's Birth Cert. on file:(Idaho Birth) #63100 gives full maiden name of mother as Eliza Cordelia Lovett - viewed by V.S.

APR 1970

Statement from Mrs. Esther Kelley, Registrar of the San Bernardino High School, San Bernardino, California - states "This will certify that Dolores Briggs entered this school as of Sept. 16, 1929 having completed the ninth grade at Sturges Jr. High School. She gave her birthdate as June 30, 1913 and her address as 171h Walnut St., San Bernardino, Calif. She withdrew from here October 2, 1930 and was in the eleventh grade, at said time." - viewed by V.S.

Statement from Ernestine Carter, Supervisor, Child Welfare & Psychological Services Dept. San Bernardino City Schools, San Bernardino, California - states "This is to certify that according to the San Bernardino City Schools Permanent School Census Card on file in the office of the Child Welfare and Psycholcgical Services Department, Dolores Briggs attended the San Bernardino City Schools for the school year 1926-27. The following information also appears of record: Birthdate: June 30, 1913 - Birthplace: Not Shown - Father's Name: H.L. Briggs - School Attended: Highland Jr. High-7th Grade - Home Address: Highland, Calif." viewed by V.S.

Birth Certificate from California for son Ronald Henry Rieger date of birth as April 23, 1934. Gives Mother's name as Dolores June Briggs, birthplace Oakley, Idaho. Date of birth June 30, 1913. Father's name as Henry William Rieger. Viewed by V. S.

Application for Weekly Premium industrial Ins. in The Prudential Insurance Co. of America for Dolores Rieger gives birthplace as Oakley, ID. Signed by. J. H. Mills, Agent. DatedFeb. 22, 1943. Viewed by V. S.

Certificate of birth from Utah for Rowena Briggs born Feb. 22, 1916 to Harvey Landon Briggs and Eliza Cordelia Lovett. Dated Oct. 16, 1942. Viewed by V. S.

799-126-016-331

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14657

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	6 - 26 - 1913

FATHER		MOTHER	
FULL NAME	Howard P. Price	FULL MAIDEN NAME	Gladys R. Clark
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-13 19 13 J. C. Patterson

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

419-22-10-16-755

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 14658

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Martindale

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	6 24 1913

FATHER		MOTHER	
FULL NAME	William A. Martindale	FULL MAIDEN NAME	Minnie Gee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Oldhamund
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-13 1913

..... Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

155-116-016-735

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14659

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	6-16-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry M Jenson	Annie Glad
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Denmark	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Oldham M D

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-16 1913

J D Patterson

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 4 1971

219-115-016-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 14660

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	6 – 15 – 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Leon Bailey	Myrtle E Sizemore
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Hohanwald

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19..... Address .....

..... Registrar Filed 6-16 1913 J. D. Patterson Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—20m-2-15-12

212.1/2.016.363

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. _____ File No. 14661

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Clarence F. Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	June 12th 1913

FATHER		MOTHER	
FULL NAME	C. C. Baker	FULL MAIDEN NAME	Josephine Cole
RESIDENCE	Burley Idaho	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Colo.
OCCUPATION	Farmer Millman	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 16 1913

..... Registrar

J. C. Patterson Registrar

Jrs

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

OCT 14 1941

[redacted]

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

542-125-016-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 14662

Registered No. .....

FULL NAME OF CHILD Phillip Nash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	June 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. D. Nash	Olive Thompson
RESIDENCE	Burley, Idaho.	Burley, Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Mo.	Ill.
OCCUPATION	Alstractor	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 8-16 1913

J. C. Patterson Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 22-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

163-226.016 842

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14663

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Edna. ~~Hattie~~ Jolley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	6 - 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Jolley	Mary Huber
RESIDENCE	Burley, Idaho	Burley, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1, 1913

J. C. Patterson

Registrar

8-Y Cb. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 2 9 1942

PLACE OF BIRTH

713-117-016545

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 14664

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wilbain Loren Gallegly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	June 17th 1913

FATHER

FULL NAME L. B. Gallegly

RESIDENCE Burley Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Neb.

OCCUPATION Undertaker

MOTHER

FULL MAIDEN NAME Elaine Van Engelen

RESIDENCE Burley Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho.

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-1 1913

J. C. Patterson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14664
Local Reg. No. —
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** William Loren Gallogly

5. Date of Birth of Child (Month, day, year) June 17, 1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Loren Bliss Gallogly
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chapman (City or town) Nebraska (State or foreign country)
14. Exact Occupation Mortician
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Van Engelen
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr. (First name) Patterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W.A. Van Engelen Signature

Box 466, Twin Falls, Idaho P.O. Address

Subscribed and sworn to before me this 8th day of March, 19 44

(SEAL) [illegible], Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c193.222.016-669

PLACE OF BIRTH

Form V. S. No. 15-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14665

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ~~Gloria Rich~~ GLORIA FRANCES RICH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	June 22 1913

FATHER		MOTHER	
FULL NAME	S. G. Rich	FULL MAIDEN NAME	Mildred Forgeon
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	28
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Bank Cashier	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

.....

.....

Registrar

Filed 7-1 1913

J. C. Patterson

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

SEP 14 [illegible]

Certificate No. 14665

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 4, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gloria Frances Rich

Subscribed and sworn to before me this 12th
day of Sept., 19 42

Helen Buckley

Notary Public, residing at Salt Lake City, Utah

My commission expires Nov. 7, 1944
(Seal)

Signed Mrs. Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

77 Hillside Ave., Salt Lake City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of Sept., 19 42

Helen Buckley

Notary Public, residing at Salt Lake City, Uth.

My commission expires Nov. 7, 1944
(Seal)

Signed Mildred F Rich
(Signature of Any Credible Person Other Than Previous Year)

77 Hillside Ave., Salt Lake City, Ut.
(Street Address, City, State)

MAR 13 1964

SEP 15 1962

356-210-016-653

PLACE OF BIRTH Amended 12/26/78

Form V.R.S. No. 11.C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. ..... File No. 14666

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD MARY LEWIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Girl			Yes	June (Month) 10th (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. R. Lewis	Alice Wells
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	America	England
OCCUPATION	Laborer	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hulda Challman

Midwife (Physician or Midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 6-16 1913 J. D. Patterson Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 14666

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Infant (BIRTH OR DEATH)
for Mary Lewis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 10, 1913 (DATE OF EVENT)
in Burbank, Calif. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 16, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mary Lewis

Subscribed and sworn to before me this 5th
day of March, 19 43

Frank E. Boyce

Notary Public, residing at Burbank Calif.
My commission expires My Commission Expires June 1, 1946
(SEAL)

Signed Mabel Lewis Comer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3115 W. San Fernando Blvd. Burbank, Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 19 43

Frank E. Boyce

Notary Public, residing at Burbank Calif.
My commission expires Commission Expires June
(SEAL)

Signed J. R. Cramer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3115 San Fernando Blvd. Burbank Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

8/14/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14666

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Lewis (Name on Original Certificate) who was born (Was Born or Died) on 6/10/13 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Legitimate	No	Yes

Subscribed and sworn to before me this 14th day of August, 1978

Florence Cartwright

Notary Public, residing at Boise

My commission expires Perpetual

(Seal)

Signed Mary L Wrinkle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9 Robert Rd Orinda CA 94563

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida

County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1978

Florence Cartwright

Notary Public, residing at Boise

My commission expires Perpetual

(Seal)

Signed Mabel Coomber

(Signature of Any Credible Person)

POBox 623

Columbus, MT 59019

(Street Address, City, State)

FORM DH 60-155

Mary Lewis has two sisters born in Idaho, to these same parents. One born in 1911 and one born in 1909.
fc

DEC 29 1978

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/0-215 1016-265

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. ..... File No. 14667

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD AuRilla Marie Propst
Aurilla M. Propst

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	June 15th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. C. Propst	Lydia Valera Boner
RESIDENCE	Burley, Idaho.	Burley, Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Texas	Neb.
OCCUPATION	Laborer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed August 19 13

J. C. Patterson Registrar

..... Registrar

S-Y CO. 20174

cc

2/28/41 rmf

459-27-26-74

PLACE OF BIRTH

[redacted] IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. ____ File No. 14668

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	June 17th 191[redacted]

FATHER		MOTHER	
FULL NAME	Ivan Merrill	FULL MAIDEN NAME	Carrie Gray
RESIDENCE	Burley Idaho.	RESIDENCE	Burley Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 9.40 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed S-16 1913

J. C. Patterson Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-20-016-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. ____ File No. 14670

No. ____ St.

Hospital Residence

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Myron Joseph Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	8	Yes	May 20 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas H. Lewis	Minnie M Lewis
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Kaysville Utah	Warwickshire Eng.
OCCUPATION	Laundryman	Home Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mecham

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-16 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

NAME

AGE AT LAST BIRTHDAY

COLOR

NOT BINDING FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 14671

Registered No. .....

FULL NAME OF CHILD Barrus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			yes	June 24th 191[redacted] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. L. Barrus	FULL MAIDEN NAME	Maud Cook
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-16 1913

O. L. Barrus Registrar

S-Y CO. 20174

195-208-016-756

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. _____ File No. 14672

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Mae Kinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	June 8th 1915

FATHER		MOTHER	
FULL NAME	J. L. Kinney	FULL MAIDEN NAME	Stella Peffer
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
COLOR	white	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Ida.
OCCUPATION	Brakeman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 20 m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 8-16 19 13

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-3

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

652-103:016814

PLACE OF BIRTH

County of Cassia

City of Near Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14673

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 3 1913

FATHER

FULL NAME P. C. Webb

RESIDENCE Burley Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Arizona

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Camora Hamilton

RESIDENCE Burley Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 8-16 19 13

J. C. Patterson Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-201-016-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 14674

Registered No. .....

FULL NAME OF CHILD Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		No	June 1st 1913

FATHER		MOTHER	
FULL NAME	B. E. Kuhl	FULL MAIDEN NAME	Myrtle Andrews
RESIDENCE	Unknown	RESIDENCE	Burley Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Unknown	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-16 1913

J. C. Patterson Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

415-11-3-16-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Reed

Form V. S. No. 11-C—10m-8-7-2

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No .....

File No. 14675

Primary Registration District No .....

Registered No. .....

FULL NAME OF CHILD John Milton David

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	June 13, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Roy David	Elizabeth Jane
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Cherryville Kansas	Denver Colorado
OCCUPATION	Farm Salesman	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1P m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John M Milton MD

(Physician or Midwife)

Address Burley Idaho

Filed Aug 21 1913 [signature] Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

JAN 14 1962

FEB 20 42

STATE OF IDAHO

JUN 29 1962

PLACE OF BIRTH

Dup 08 1913 - 15492

666-25-016669

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital Leo

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7

Registration District No. ____ File No. 14676

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Ila Woolsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	May 1 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	La Claire A Woolsey	Jennie Ford
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Spokane Wash	Walsberg Utah
OCCUPATION	Lineman	Home life

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mustin

Physician

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-16 1913 J M Mustin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

½ MARGIN RESERVED FOR BINDING

DEC 11 1942

549-125-d6-3B

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14677

County of Cassia

City of Burley

Registration District No. ____ File No. ____

No. ____ St.

Hospital Resi

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Willard Emrigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 25 1913

	FATHER	MOTHER
FULL NAME	Willard Emrigh	FULL MAIDEN NAME Ethel Holland
RESIDENCE	Burley	RESIDENCE Burley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Wallenstein Penn	BIRTHPLACE Atlanta Idaho
OCCUPATION	Painter	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) John M. Mueller M.D.

(Physician or Midwife)

Address Burley Idaho

Filed Aug 6 1913 J. W. Moran

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-299683 Name change

297417-029-819

PLACE OF BIRTH

STATE OF [redacted] V. S. No. 11-C—20m-8-15-[redacted]

BUREAU OF VI[redacted]

CERTIFICATE OF [redacted]

County of Latah

City of Kendrick

Registration District No. 63 File No. 14678

No. ..... St.

Primary Registration District No. 2143 Registered No. 2

Hospital .....

FULL NAME OF CHILD Drew William Bigham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 17 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Robert William Bigham	FULL MAIDEN NAME Ira Belle Harris
RESIDENCE near Kendrick Idaho	RESIDENCE near Kendrick Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothrock M D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 16 1913 J. E. Hoyt

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU

U.S. No. 11-C -2M 8-15-

11-4-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-227-029-X15

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO — Form V. S. No. 11-C—20m-8-15-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63

File No. 14679

Primary Registration District No. 2143

Registered No. 1

FULL NAME OF CHILD Lillian Joday Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 27 1913

FATHER		MOTHER	
FULL NAME	Joday Long	FULL MAIDEN NAME	Pearl Davis
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Carolina	BIRTHPLACE	Oregon
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 9 16 19 13

J. E. Hoyt

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NOV 1 1946

553-227-008-154

PLACE OF BIRTH

STATE OF ID[redacted]

U. S. No. 11-C—15m-6-25-11

Bureau of Vital S[redacted]

CERTIFICATE OF BIRTH

14680

County of Boise

City of Idaho Springs

Registration District No. ..... File No. .....

No. ....., ... St.

Primary Registration District No. 2019 Registered No. 28

Hospital .....

FULL NAME OF CHILD Anna Cornelia Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	8, 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Nelson	Anna Anderson
RESIDENCE	Idaho Springs	Idaho Springs
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Norway	Norway
OCCUPATION	Carpenter	Housekeeper

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Fitz

Physician

(Physician or Midwife)

Address Placerville

Given names added from a supplemental report

....., 19.....

Filed Sept. 19 13 A. A. Fitz

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-129-008-531

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14681

County of Boise

City of Idaho Springs

No. ____, ____ St.

Registration District No. ____ File No. ____

Primary Registration District No. 2019 Registered No. 29

Hospital ____

FULL NAME OF CHILD Gilbert Marion Mathison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male			yes	Aug.	29	1913

FATHER		MOTHER	
FULL NAME	Thoralf Mathison	FULL MAIDEN NAME	Lulu Francis Slater
RESIDENCE	Idaho Springs	RESIDENCE	Idaho Springs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

____, 19____

Filed Sept 19 13 G. G. Fitz

Registrar

S-Y CO., 16670

Registrar

12-15-41

MAR 1 [redacted]

AUG 13 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boise

City of Garden Valley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14682

Registration District No. ____ File No. ____

Primary Registration District No. 2019 Registered No. 27

FULL NAME OF CHILD Fredrick Francis Hayford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
male			Yes	8 - 22

FATHER		MOTHER	
FULL NAME	Leslie B. Hayford	FULL MAIDEN NAME	Mary Blanche Lantis
RESIDENCE	Garden Valley.	RESIDENCE	Garden Valley.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Rancher.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician

(Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 31 1918 G. G. Fitz

Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

MAR 23 1972

NAME

RESIDENCE

BIRTHDAY

993-208-039-493

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C--15m-6-20-11

CERTIFICATE OF BIRTH

County of Power

City of American Falls Registration District No. File No. 14683

No. , St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 8 1913

FATHER		MOTHER	
FULL NAME	Charles Richardson	FULL MAIDEN NAME	Amanda Meeker
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	52
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:04 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard J. Mock

Physician (Physician or Midwife)

Address American Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 9 19 13 Richard J. Mock Registrar

.....

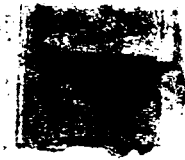
Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JUN 5 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

465-118-039-269

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 14684

County of Power

City of American Falls Registration District No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Frank F. Moench

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 18 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Moench	FULL MAIDEN NAME	Millie Sorenson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Sawyer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Voth

Physician

(Physician or Midwife)

Address American Falls Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 16 1913 Richard F. Voth
Registrar

S-Y CO., 16670

MAR 2 1942

945-215-0039-449

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14685

County of Power

City of American Falls Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital Bethany

FULL NAME OF CHILD Donna Virginia Runnion

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Donald Runnion	Mary Theresa Murphy
RESIDENCE	American Falls Idaho	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	West Virginia	Montana
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Richard F. Hoff

American Falls, Ida.
(Physician or Midwife)

Address American Falls Ida

Filed March 15 1913 Richard F. Hoff
Registrar

S-Y CO., 18670

MAR 1 3 1968

NOV 7 1969

NOV 2 6 1973

APR 0 3 2015

765 21 1039-855

PLACE OF BIRTH

County of Power

City of American Falls, Registration District No. ____ File No. 14686

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital Bethany

FULL NAME OF CHILD Orlanda Martha Ofriffle

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward C. Ofriffle	Katie Hene
RESIDENCE	American Falls Idaho	American Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	22
BIRTHPLACE	South Dakota	South Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Mott

Physician

(Physician or Midwife)

Address American Falls Ida

Filed March 13 1913 Richard F. Mott

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

OCT 1 0 1946

JUN 1 7 1946

SEP 1 7

421-216-039-459

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14687

County of Power

City of American Falls Registration District No. File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Martha Isaak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Apr 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Isaak	Elizabeth Meier
RESIDENCE	American Falls	American Falls
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 38	White / 34
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer & Real Estate	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wolf

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

, 19

Registrar

Filed April 16, 1913 R. F. Wolf

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

OF ACCE OF BIRTH

[redacted] AHO STATISTICS

Co[redacted] BIRTH

City of Rockland Registration District No. ____ File No. 14691

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD [redacted] Unnamed Read (Died)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	1 20 1913

FATHER

FULL NAME: Carroll M. Read

RESIDENCE: Rockland Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ogden Utah

OCCUPATION: Plasterer

MOTHER

FULL MAIDEN NAME: Florence M. Kelly

RESIDENCE: Rockland Idaho

COLOR: White AGE AT LAST BIRTHDAY: 17 (Years)

BIRTHPLACE: Rockland Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (premature) at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ada G. Crayton

Midwife
(Physician or midwife)

Given names added from a supplemental report

Dead unnamed 19

Address Raley Idaho

Registrar

Filed Feb 10th 1913 D. Kay
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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268-126 1039-639

PLACE OF BIRTH

County of Power

City of American Falls

Registration District No. ..... File No. .....

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Kohler

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m—20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		7	Yes	2 26 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	George Kohler	Christina Stuber
RESIDENCE	American Falls	American Falls.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) George Kohler

Father

(Physician or Midwife)

Address American Falls, Id.

Filed March 13 1913 R. F. Nolte Registrar

S-Y CO., 16670

[redacted]

APR 2 2 2014

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Power

City of American Falls

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14693

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Arthur Maurice Hook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	March 25 1913

FATHER		MOTHER	
FULL NAME	Frank R. Hook	FULL MAIDEN NAME	Marie A Novotny
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Salesman	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or stillborn) at 5:12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hook

Physician (Physician or Midwife)

Address American Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 26 1913 Richard F. Hook Registrar

S-Y CO., 16670

MAY 29 1974

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PLACE O[redacted]

STATE OF IDAHO
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF B[redacted]

County of Owy[redacted]

City of Silver

Registration District No. 43

File N[redacted]

No. _____ St.

Primary Registration District No. 2120

Registered N[redacted]

Hospital _____

FULL NAME OF CHILD Angeles Aspiri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francisco Aspiri	Engracia Bengoechea
RESIDENCE	Silver City, Idaho	Silver City, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Viscaya, Spain	Viscaya, Spain
OCCUPATION	Hotel Keeper	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, (her first child) at 7.20 P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M. D.
(Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed August 31, 1913 W. H. Schuyler M. D.
Registrar

Registrar

8-Y CO. 20174

N. B. In case of more than one child of the same mother, write the name and the number

WHITE CARNEY, WHITE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

593.225029-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C [illegible] 1912

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14695

Primary Registration District No. 2065 Registered No. 210

FULL NAME OF CHILD Nettie Marie Nilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin (and)	2	Yes	July 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nils Nilson	FULL MAIDEN NAME	Bertha Marie Olson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 7/25/13, at 1:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Wolcott
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed July 20 1913 J. W. Wolcott
Registrar

..... Registrar

8-Y CO. 20174

[redacted]

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 1 - 1954

CE OF BIRTH

(County of

Registration District No.

File No.

543-225-029-632

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14696

Primary Registration District No. 2065 Registered No. 209

FULL NAME OF CHILD Gunhilda Pauling Nilsen

Sex of Child	Twin / Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	yes	July 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nils Nilson	FULL MAIDEN NAME	Bertha Marie Olson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 25, at 12:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed July 25 1913 J. W. Olson
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 1 - 1954

City of

433-213-029-363

[redacted] PLACE OF BIRTH

[redacted] ty of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
BUREAU [redacted] STATISTICS

CERTIFICATE OF BIRTH

14697

Registration District No. 15 File No. .....

Primary Registration District No. 2065 Registered No. 208

FULL NAME OF CHILD Ruth Margaret McComb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 13 191

FATHER		MOTHER	
FULL NAME	Joseph O McComb	FULL MAIDEN NAME	Mary L Cole
RESIDENCE	Troy Idaho	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 13, 1913, at 12:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 14 1913 J W Olson
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/25/41 L. B.

JUL 10 1969

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24-205-079-386

PLACE OF BIRTH

STATE OF IDAH[redacted]

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Stat[redacted]

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 15 File No. 14698

No. ....., ... St.

Primary Registration District No. 2066 Registered No. 195

Hospital .....

FULL NAME OF CHILD Doris Louella Burch.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	✓	✓	yes	June 5 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur G. Burch	Christie Thompson
RESIDENCE	Potlatch, Ida.	Potlatch, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	28 (Years)
BIRTHPLACE	Iowa	Wisconsin
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth ... one (First) Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 12 [illegible] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J.W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given name added from a supplemental report

..... 19.....

Filed June 24th 1913. D. J.W. Thompson Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

532-22-029-753

PLACE OF BIRTH

Form V. S. No. 11—10m-6-[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

Registration District No. 15 File No. 14699

No. ....., ... St.

Primary Registration District No. 2066 Registered No. 194

Hospital .....

FULL NAME OF CHILD Ellen Marie Lennea EKR.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	June 21st, 1913.

FATHER		MOTHER	
FULL NAME	Louis Eck.	FULL MAIDEN NAME	Maria Peterson
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	24.	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Sweden.	BIRTHPLACE	Sweden.
OCCUPATION	Laborer.	OCCUPATION	Housework.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 6-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson: M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Potlatch. Idaho.

Filed June. 20-14. 1913. Dr. J. W. Thompson
Registrar

S-Y CO., [redacted] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-230-029-296

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of

No. , St.

Hospital

Registration District No. 15. File No. 14700

Primary Registration District No. 2066 Registered No. 193

FULL NAME OF CHILD Leota Wilamena Francis Minden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	✓	yes	June 26 1917

FATHER	MOTHER
FULL NAME: Albert Minden	FULL MAIDEN NAME: Polly Francis Brock
RESIDENCE: Latah Co.	RESIDENCE: Latah Co.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Ore.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Harmon M.D.

(Physician or Midwife)

Address Palouse Idaho

Given names added from a supplemental report

....., 19.....

Filed June 29 19 17. Dr. J. M. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 8 1958

MAY 9 1973

[redacted] VD 029-29

PLACE OF BIRTH

County of Latah

[redacted] IDAHO

City of

No ....., ... St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 14701

Primary Registration District No. 2066

Registered No. 192

FULL NAME OF CHILD Lester Barnes McEntire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	6 23 1913

FATHER		MOTHER	
FULL NAME	Frank McEntire	FULL MAIDEN NAME	Edna Mabel Kirkpatrick
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. at 11 M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S LePard M D

(Physician or Midwife)

Address Potlatch Ida

Given names added from a supplemental report

....., 19.....

Filed June 26 1913 Dr. JW. Turnipseed

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Pattatch

No ____, ____ St.

Hospital ____

Registration District No 15 File No. 14702

Primary Registration District No 2066 Registered No. 191

FULL NAME OF CHILD Ada Mae Kencella

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 1913 (Year)
F			Yes	6 25

FATHER

FULL NAME: Nichols Kencilla

RESIDENCE: Pattatch

COLOR: W AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: New York

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lizzie Collon

RESIDENCE: Pattatch

COLOR: W AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Canada

OCCUPATION: Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. S. Le Pard M.D.

(Physician or Midwife)

Address Pattatch Idaho

Filed June 26 1913 D. Jno Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

249-205-029893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 14703

Primary Registration District No. 2066 Registered No. 190

FULL NAME OF CHILD Mary Bell Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	July 5 — 1913

FATHER

FULL NAME Asa A Smith

RESIDENCE Potlatch

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ill

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Kilgore

RESIDENCE Potlatch

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ind

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Boyd M D

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed July 7th 1913. Dr. J.W. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

JAN 6 1956

719-27-029384

PLACE OF BIRTH

County of Latah

City of Prezja

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14704

Primary Registration District No. 2066 Registered No. 189

FULL NAME OF CHILD Walter Joe Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	1	Yes	May 27 1913

FATHER

FULL NAME George Gardner

RESIDENCE Palouse Wn.

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Wisc

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Fredia Thuesen

RESIDENCE Palouse Wn

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ohio

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd M.D.

(Physician or midwife)

Address Palouse Wn

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed June 3rd 19 13

D. Jr Thuesen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 1 1942

962 - 730 - 029994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Country

No. ____ St.

Hospital ____

Registration District No. 15 File No. 14705

Primary Registration District No. 2066 Registered No. 188

FULL NAME OF CHILD James Edward Robinson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	1	1	yes.	May 30 1913

(To be answered only in event of plural births)

FATHER

FULL NAME Aaron H Robinson

RESIDENCE Garfield R F D 1

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Illinois

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cynthia Zimmerman

RESIDENCE Garfield Wash.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Boyd

Palouse Wash.

(Physician or midwife)

Given names added from a supplemental report.

....., 19.... Address .....

..... Registrar Filed June 3 19 13 E. Jr. Tracy Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

243 Jan 29-16

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Princeton

Registration District No. 15.

File No. 14706

No. ....., ... St.

Primary Registration District No. 2066.

Registered No. 17

Hospital .....

FULL NAME OF CHILD Marian Fern Butterfield

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes.	April 19, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville Butterfield	FULL MAIDEN NAME	Edna F. Johnston
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	white	AGE AT LAST BIRTHDAY (Years)	32
COLOR	white	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated, at 10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. M. Crook. M. D.

(Physician or Midwife)

Address Princeton

Given name added from a supplemental report

..... 19.....

Filed April 25 19 13. Dr. Jno. Thompson

Registrar

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 4 1945

613-127-024-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14707

Primary Registration District No. 2065 Registered No. 211

FULL NAME OF CHILD JOHN WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 27 1913

FATHER

FULL NAME A. Ed. Walker

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Fall River Mich

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lizzie Jones

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. July 27 at 4:10 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Watson M.D.
Physician.
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report ..... 19.....

Filed July 27 1913 J W Watson
Registrar

..... Registrar

B-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 14707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Walker (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 27th, 1913 (DATE OF EVENT)
in Troy, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 27th, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Walker	John Walker

Subscribed and sworn to before me this 24th day of February, 1942.

Notary Public, residing at Clarkston

My commission expires 5-2-42

(SEAL)

Signed Allen E Walker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

628-11th St., Clarkston, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of February, 1942.

Notary Public, residing at Clarkston

My commission expires 5-2-42

(SEAL)

Signed Cora E Walker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

628-11th St., Clarkston, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 28 1942

35-5-206-029-378

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14708

Primary Registration District No. 2068 Registered No. 207

FULL NAME OF CHILD Iva Melvina Lee

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	✓	✓	Yes	Apr. 6 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton Lee	FULL MAIDEN NAME	Goldie Taylor
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wn
OCCUPATION	Photographer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lina Taylor

midwife
(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/1 1913 W. C. Faust
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1974

553.130.029-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy R#2

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2068 (15) File No. 14709

Primary Registration District No. 15 (2068) Registered No. 206

FULL NAME OF CHILD Jesse Ray Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.	—	—	Yes	July 30 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sam O. Nelson	FULL MAIDEN NAME	Zula Scott
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) V. O. Faust

Physician

(Physician or midwife)

Address Deary

Filed 7/30/1913 V. O. Faust Registrar

R-Y CO. 20174

Form V. S. No. 11-C—30m-2-31-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

494-129-028 814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2068 15

File No. 14710

Primary Registration District No. 2068 13

Registered No. 205

FULL NAME OF CHILD Donald Roy Drury

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.	(To be answered only in event of plural births)			Yes	July	29	1913

FATHER		MOTHER	
FULL NAME	Roy P. Drury	FULL MAIDEN NAME	Edna Hammond
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Tas.
OCCUPATION	grain buyer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 7/20 1913 P. C. Faust

..... Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

696. 21X. 029. 249

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

15 **CERTIFICATE OF BIRTH**

Registration District No. ~~2066~~ (137) File No. 14711

Primary Registration District No. ~~43~~ (2668) Registered No. 244

FULL NAME OF CHILD Wanda Froman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes	July 14 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank M. Froman	FULL MAIDEN NAME	Ida Smith
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Cal.
OCCUPATION	Comm. laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/18 19 13 W. C. Faust Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1972

794 - 11-0 29-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital WALLACE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2068 (15) File No. 1472

Primary Registration District No. 15 (2068) Registered No. 203

FULL NAME OF CHILD John L. Pierce

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	July 11 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Pierce	FULL MAIDEN NAME	Minnie Potzin
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at midnight M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorraine Osborne

midwife
(Physician or midwife)

Address Deary, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/12 19 13 [redacted] Registrar

S-Y CO. 20174

5/27/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Yakima }

MAY 21 1941

Certificate No. 14712
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John L. Pierce (Name on original certificate) who was born (Was born or died) on July 10, 1913 (Date of event)
in Ocary, Idaho (Place of event), are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 11th 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", etc.)	FROM (As on original)	TO (The correct facts)
name	John L. Pierce	John Wallace Pierce
birth date	July 10, 1913	July 11, 1913

Subscribed and sworn to before me this 19th
day of May, 1941

Notary Public, residing at Naches, Wash.
My commission expires Jan. 15, 1945
[SEAL]

Signed E J Pierce
(Signature of parent ~~applicant~~ correcting a birth record; of ~~attendant, funeral director, informant if correcting a death record, or other credible person~~)
PO Box 533 - Naches, Wn.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

(SEE OVER)

Received for filing on ..... by .....
(Registrar's signature)

SUPPORTING AFFIDAVIT OF BIRTH OF JOHN WALLACE PIERCE

State of Washington,)
: SS.
County of Yakima,)

I, Nealy N. Olney, a Notary Public in and for the State of Washington, do hereby certify that E. J. Pierce, of Wapato, Yakima County, State of Washington, showed me the Old Family Bible in which is kept the family record of his family, and the corrected record of birth of John Wallace Pierce shows he was born on July 11th, 1913.

Dated this 19th day of May, A.D. 1941.

Nealy N. Olney,
Notary Public, residing at Wapato, Washington.

133.207.029.669

PLACE OF BIRTH

County of Latah

City of Moscow

No ____, ____ St.

Hospital ____

Form V. S, No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 14713

Primary Registration District No. 2062 Registered No. 202

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or another? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	July 7 1913

FATHER		MOTHER	
FULL NAME	R. E. Allen	FULL MAIDEN NAME	Cora Ford
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	West Virg.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated. at 10 - a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report

Address Moscow

Filed July 21 1913 S. F. Rice

Registrar

____, 19____

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-71

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

APR 23 1973

313.105-029-559

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14714

Primary Registration District No. 1008 Registered No. 198

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	July 5 1913

FATHER		MOTHER	
FULL NAME	W. C. Tate	FULL MAIDEN NAME	Gladys E. Neighbor
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed July 21 1913 S. F. Rae

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

942-207-229-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. 820 S. Logan St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 14715

Primary Registration District No. 1008

Registered No. 199

FULL NAME OF CHILD Lillian Vernett Russell

Sex of Child Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth July 7 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME W. D. Russell	FULL MAIDEN NAME Marie Perkins
RESIDENCE 820 S. Logan St	RESIDENCE 820 S. Logan St
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Nebraska
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wiss M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed July 22 19 13 S. J. Rae

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-205-029-416

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No ....., ... St.

Hospital .....

Registration District No 15 — File No. 14716

Primary Registration District No. 1008 Registered No. 200

FULL NAME OF CHILD MARILLA LOUESE MCKERLIE

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin		One	Yes	July 5 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John McKerlie	FULL MAIDEN NAME	Carrie Dawson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	Wt	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	COLOR	Wt —
OCCUPATION	Livery	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Ohio
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or Midwife)*

Given names added from a supplemental report

....., 19.....

Address Moscow

Filed July 21, 1913 D. F. Rae

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of) Certificate No. 14716 (first ~~born~~)

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for (no name) McKerlie (Name on original certificate) who was born (was born or died) on July 5, 1913 (Date of event) in Moscow, Idaho (Place of event) ~~were~~ were omitted; and that, to the best of his knowledge, the true facts of the case as shown by bible record (Bible record, insurance plcy.etc.) prepared on date not given (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Marilla Louese McKerlie

Subscribed and sworn to before me this 29th day of September 1941

Signed Mrs Cora McKerlie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Chillicothe Mo

1410 McVey St., Chillicothe, Missouri
(Street address, City, State)

My commission expires November 18 1942

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PEPSON
(Both affidavits must be completed)

State of Missouri)
)ss
County of Livingston)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September 1941

Signed Mrs Nellie McKerlie Kimber
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at Chillicothe Mo

Avalon, Missouri
(Street address, City, State)

My commission expires November 18 1942
(SEAL)

432-205-029-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 14717

Primary Registration District No. 1008 Registered No. 201

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	July 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John McKenzie	Cora Dawson
RESIDENCE	Moscow	Moscow
COLOR	Wt	Wt
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Missouri	Ohio
OCCUPATION	Lumber	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Clarke

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed July 21 19 13 J. F. Clarke

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V.S. No. 11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

APR 22 1974

367-211-029-436

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. / St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14718

Primary Registration District No. 1008 Registered No. 219

FULL NAME OF CHILD Velma Genevieve Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		1	Yes	July 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm O. Cox	Elsie M. Williams
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Ind.	Kans.
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Kream (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 7 1913 D. F. Kane Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 3 1942

PLACE OF BIRTH

County of

254-105-029-413

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14719

Primary Registration District No. 1008 Registered No. 218

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	Yes	Aug 5 1912

FATHER	MOTHER
FULL NAME C C Knutson	FULL MAIDEN NAME Carrie Matson
RESIDENCE Kellogg Idaho	RESIDENCE Moscow Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Norway	BIRTHPLACE Denmark
OCCUPATION Miner	OCCUPATION House Keeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Cedarleaf M.D. (Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Aug 7 19 13 D F Law Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-[illegible]

9

173-219-029-264

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 14720

No. ____ St.

Primary Registration District No. 1008

Registered No. 217

Hospital Leland Empire

FULL NAME OF CHILD Gertrude Mary Axtell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	May 19" 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold L. Axtell	FULL MAIDEN NAME	Gertrude S. Bouton
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Mich.
OCCUPATION	University Prof.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

(Physician or midwife)

Address Moscow, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 7 1913 D. F. Rae

R-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE [illegible] must be made for each, in order of birth

Form V. S. No. 11-Q—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 14 1963

314-128-029-493.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15 File No. 14721

No. ____ St.

Primary Registration District No. 1008 Registered No. 216

Hospital Leland Empire.

FULL NAME OF CHILD Rex Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	July 28" 1913.

FATHER

FULL NAME: Fred Campbell

RESIDENCE: Moscow, Id.

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Butcher

MOTHER

FULL MAIDEN NAME: Ida Alice Miller.

RESIDENCE: Moscow, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Kansas.

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Carithers M.D

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 7, 19.....

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-227-029-639

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Moscow Ida.

No. ....., ... St.

Hospital Inland Sanitarium

Registration District No. 15 File No. 14722

Primary Registration District No. 1708 Registered No. 215

FULL NAME OF CHILD Geraldine Bernice Benson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 27" 1913

FATHER		MOTHER	
FULL NAME	R D Benson	FULL MAIDEN NAME	Freda Thrasyr
RESIDENCE	Moscow Ida	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers M.D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 7 1913 S. F. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

7

SF

Dep of 1913. 346222

154105-029-812

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 15 File No. 14723

Primary Registration District No. 1088 Registered No. 214

FULL NAME OF CHILD Darrel Hastings Anderson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	June 5th 1913

FATHER		MOTHER	
FULL NAME	Ira Anderson	FULL MAIDEN NAME	Esta Mae Hastings
RESIDENCE	Moscow Id.	RESIDENCE	Moscow, Id.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wash.	COLOR	White
OCCUPATION	Real Estate	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Idaho
		OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Address Moscow, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 7 1913 [illegible] Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

915-402-029-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow Registration District No. 13 File No. 14724

No. ____, ____ St. Primary Registration District No. 1008 Registered No. 243

Hospital Inland Empire

FULL NAME OF CHILD Byron Randall.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	March 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur W. Randall	Maud Trump.
RESIDENCE	Moscow, Id.	Moscow, Id.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	19
BIRTHPLACE	Idaho.	Missouri
OCCUPATION	Feed Store	Housewife.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers M. D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19....

Filed Aug 7, 19 13 D. F. Rae

Registrar

S-Y CO., 16670

Registrar

593-128-029-921

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 14725

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 212

Hospital ____

FULL NAME OF CHILD Elizabeth Nicholson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes.	Feb. 28" 1913

FATHER		MOTHER	
FULL NAME	Jno. T. Nicholson	FULL MAIDEN NAME	Hazel Isaacs
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow, Id.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wisconsin.	COLOR	White
OCCUPATION	University Prof.	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Wisconsin.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) W. H. Saunders M.D.

(Physician or Midwife)

Address Moscow, Id.

Filed Aug 6 19 13

D. H. Lee Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

168-102-039-893

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital Boland Emanuel

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14726

Primary Registration District No. 1008 Registered No. 220

FULL NAME OF CHILD Ruth N. Johnson

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 2nd 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert H. Johnson	FULL MAIDEN NAME	Clara Hildreth
RESIDENCE	Moscow Idaho.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Bookkeeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Carithess M.D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 30 1913 S. T. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF COLORADO

FEB 1 19??

463-105-029-275

PLACE OF BIRTH

County of Latah

City of Moscow

No. 424 N. 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14727

Primary Registration District No. 1608 Registered No. 197

FULL NAME OF CHILD Ronald Merle Mackenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	July 5 1913

FATHER

FULL NAME Hollis D. Mackenzie

RESIDENCE Moscow, Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Moscow, Ida.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Opal Sperry

RESIDENCE Moscow, Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Leland, Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gettman
Pct. H. C.
(Physician or midwife)

Address Moscow

Filed July 20 1913

D. F. Rae
Registrar

Given names added from a supplemental report

.....19.....

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IOWA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Linn

City of Russell

Registration District No. 47 File No. 14728

No. ____, ____ St.

Primary Registration District No. 2174 Registered No. 1

Hospital ____

FULL NAME OF CHILD Bruce Coleman Schumaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5 13 13

FATHER	MOTHER
FULL NAME T. Schumaker	FULL MAIDEN NAME Mary Berryman
RESIDENCE Russell	RESIDENCE Russell
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ills.	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12-9 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. J. Troyer

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 4 1913 J. T. Mjones M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-IX-031-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Kenyon

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. 14729

Primary Registration District No. 2124 Registered No. 2

FULL NAME OF CHILD If Mary Benjamin Rossbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Ye	5 14 1913

FATHER	MOTHER
FULL NAME Ben Rasbach	FULL MAIDEN NAME Florence Shockey
RESIDENCE Kenyon	RESIDENCE Kenyon
COLOR W. AGE AT LAST BIRTHDAY 51 (Years)	COLOR W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Wis	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 G M. on the date above stated.

(Signature) D G Jeffreys

(Physician or Midwife)

Address Kenyon

Filed Aug 4 1913 W Jones M D

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-5-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

493-12000 5-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14730.

County of Lemhi

City of Nezperce

No. ____, ____ St.

Hospital ____

Registration District No. 47 File No. ____

Primary Registration District No. 212 Registered No. 3

FULL NAME OF CHILD If Curtis William Millage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Y	5 20 1913

FATHER		MOTHER	
FULL NAME	Wm O Millage	FULL MAIDEN NAME	Alice Stanford
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	50
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. Y.	BIRTHPLACE	N. D.
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 14 1913 D. M. Jones Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Form V. S. No. II-C--10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

DEC 10 194[illegible]

PLACE OF BIRTH

297-220-031-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Mobleen

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 47 File No. 14731

Primary Registration District No. 2124 Registered No. 4

FULL NAME OF CHILD Vera Biggart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	5 20 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Biggart	Lelli Lewis
RESIDENCE	Mobleen	Mobleen
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	49	38
BIRTHPLACE	Iowa	Ia.
OCCUPATION	Farmer	Hse.

[Number of child of this mother, including present birth .... 8 .....

Number of children, of this mother, now living, including present birth .... 3 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Address Mobleen

Given names added from a supplemental report

....., 19.....

Filed Aug 4 1913 J. T. Morris

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 27 1970

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C--10m-8-7-11

386/23.031-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Teton

City of Nezperce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14732

Primary Registration District No. 2124 Registered No. 5

FULL NAME OF CHILD Roger Woodrow Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
M.			Yes	5 23 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. Ralph Thomas	Cynthia Hoover
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farm	Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) O. A. Jayne

(Physician or ~~Midwife~~)

Address Nezperce

Filed Aug 4 1913 W. H. Jones

Registrar

SYMS - YORK CO., PRS. & BDRS. 17826

Registrar

K

Form V. S. No. 11-0—No. 5-511

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

SEP 2 1975

12/6/40 L. B.

314-10-3071-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Russel

No ....., ... St.

Hospital .....

Registration District No 47 — File No. 14733

Primary Registration District No 3124 — Registered No. 6

FULL NAME OF CHILD John W. Laur

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	6 3 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Laur, Jr.	Mary Miller
RESIDENCE	Russel	Russel
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	26
BIRTHPLACE	Ind.	Ind.
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9:19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician or Midwife)

Address Kendrick

Given names added from a supplemental report

....., 19.....

Filed Aug 4 19 13 J. H. Mahoney

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—Mar-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JUN 3 0

386-21-031-213

MARGIN RESERVED FOR BINDING RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14734

County of Lewis

City of Nezperce

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 224 Registered No. 7

FULL NAME OF CHILD Hope Angela Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Y	6 11 191[illegible]

	FATHER	MOTHER
FULL NAME	F. A. Thompson	Mamie Rachelmier
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Idaho	Wash
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 [illegible] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O A Jaggers

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed 8-4-13 - J M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

MAY 20 1943

PLACE OF BIRTH

INSERT RECO

215-115-031-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

*No*_____, _____ *St.*

Hospital _____

Registration District No 47 **File No.** 14735

Primary Registration District No 2424 **Registered No.** 8

FULL NAME OF CHILD Donald Hobart Sanford

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 15 1913

FATHER	MOTHER
FULL NAME Wm S Sanford	**FULL MAIDEN NAME** Emma Hobart
RESIDENCE Nezperce	**RESIDENCE** Nezperce
COLOR W **AGE AT LAST BIRTHDAY** 30 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE N. D.	**BIRTHPLACE** Idaho
OCCUPATION Farmer	**OCCUPATION** Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 10 ~~?~~ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O A J Gray

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 8 14 1913 J T Mahoney

SYMS - YORK CO., PTRS. & SDRS. 17926

Registrar

Registrar

NOV 26 1948

STATE OF IDAHO
JAN 1949

815-215-231-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Peck

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 46 47 File No. 14736

Primary Registration District No. 21 24 Registered No. 9

FULL NAME OF CHILD Ella Emelia Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		5	Yes	6-15-13

FATHER		MOTHER	
FULL NAME	Soren Hansen	FULL MAIDEN NAME	Anna C. Hansen
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler M.D.

(Physician or Midwife)

Address Peck Idah

Given names added from a supplemental report

....., 19.....

Filed Aug 6 19 13 J. M. Jones

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-1

366-115-031-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14737

Primary Registration District No. 2124 Registered No. 10

FULL NAME OF CHILD Robert Lyle Coffee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6 15 13

FATHER		MOTHER	
FULL NAME	Robt. F. Coffee	FULL MAIDEN NAME	Lillian Sweatt
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 4 30 P. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. J. Brayo

(Physician or Midwife)

Address Nezperce

Given names added from a supplemental report

....., 19....

Filed Aug 4 19 13 A. M. Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—1946 Revised

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

(Number of ... Street ... City)

699-228-031-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14738

Primary Registration District No. 2124 Registered No. 11

FULL NAME OF CHILD Verla Alice WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	6 28 1913

FATHER	MOTHER
FULL NAME John H. Wright	FULL MAIDEN NAME Ida Pardun
RESIDENCE Nezperce	RESIDENCE Nezperce
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Home

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 45 A. M. on the date above stated.

(Signature) O. C. Jeffreys

(Physician or Midwife)

Address Nezperce

Filed Aug 4 1913 W. M. Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—Rev. 8-7-1

STATE OF IDAHO

Bureau of Vital Statistics

SEP 3 1942

PLACE OF BIRTH

192-206-031-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 14739

Primary Registration District No. 2124 Registered No. 12

FULL NAME OF CHILD Joy Evelyn Crispen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	7 6 1913

FATHER		MOTHER	
FULL NAME	John F. Crispen	FULL MAIDEN NAME	Ruby Fairbrother
RESIDENCE	Leland Ida	RESIDENCE	Leland Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Minn
OCCUPATION	Merchant	OCCUPATION	Hm

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-4 1913 A. M. Jones

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

Dept of 1913 - 342478

549.229.031-652

PLACE OF BIRTH

County of Ysabel

City of Nyssa

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14740

Primary Registration District No. 2124 Registered No. 13

FULL NAME OF CHILD Helen Webster Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	/	Yes	7/29/13

FATHER		MOTHER	
FULL NAME	David B Turner	FULL MAIDEN NAME	Hazel Webster
RESIDENCE	Nyssa	RESIDENCE	Nyssa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	"	BIRTHPLACE	"
OCCUPATION	Farmer	OCCUPATION	"

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L Kelly MD

(Physician or midwife)

Address Nyssa Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 2 19 13 J W Jones

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a STATEMENT covering each must be made and subscribed to of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

USE LEAD PENCIL FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 11 11 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 14740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Turner(female) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1913 (Date of Event)
in Nez Perce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Statement by Aunt (Bible Record, Insurance Policy, Etc.) prepared on March 23, 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Webster Turner

Subscribed and sworn to before me this 23rd day of March, 1974

Notary Public, residing at Portland, Ore.
My commission expires May 19, 1975
(Seal)

Signed Helen M. Webster (AUNT)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2819 S.E. 32nd Ave Portland, Ore. 97202
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155CL 3/18/74 nm

Census record for 1920 gives child's name as Helen W. Turner daughter of David B. and Hazel W. Turner. Viewed by V. S.

MAY 10 1974

Bible record o f family gives Name as Helen Webster Turner born July 29, 1913 Viewed by V. S.

962-125-031-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-1-11

PLACE OF BIRTH

County of Lewis

City of Russell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14744

Primary Registration District No. 21W Registered No. 14

FULL NAME OF CHILD LEO MAYNARD ROBERTSON

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	7 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Robertson	Clara Williams
RESIDENCE	Russell	Russell
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	45	32
BIRTHPLACE	Wis.	Ohio.
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or Midwife)

Address Kendrick

Given names added from a supplemental report

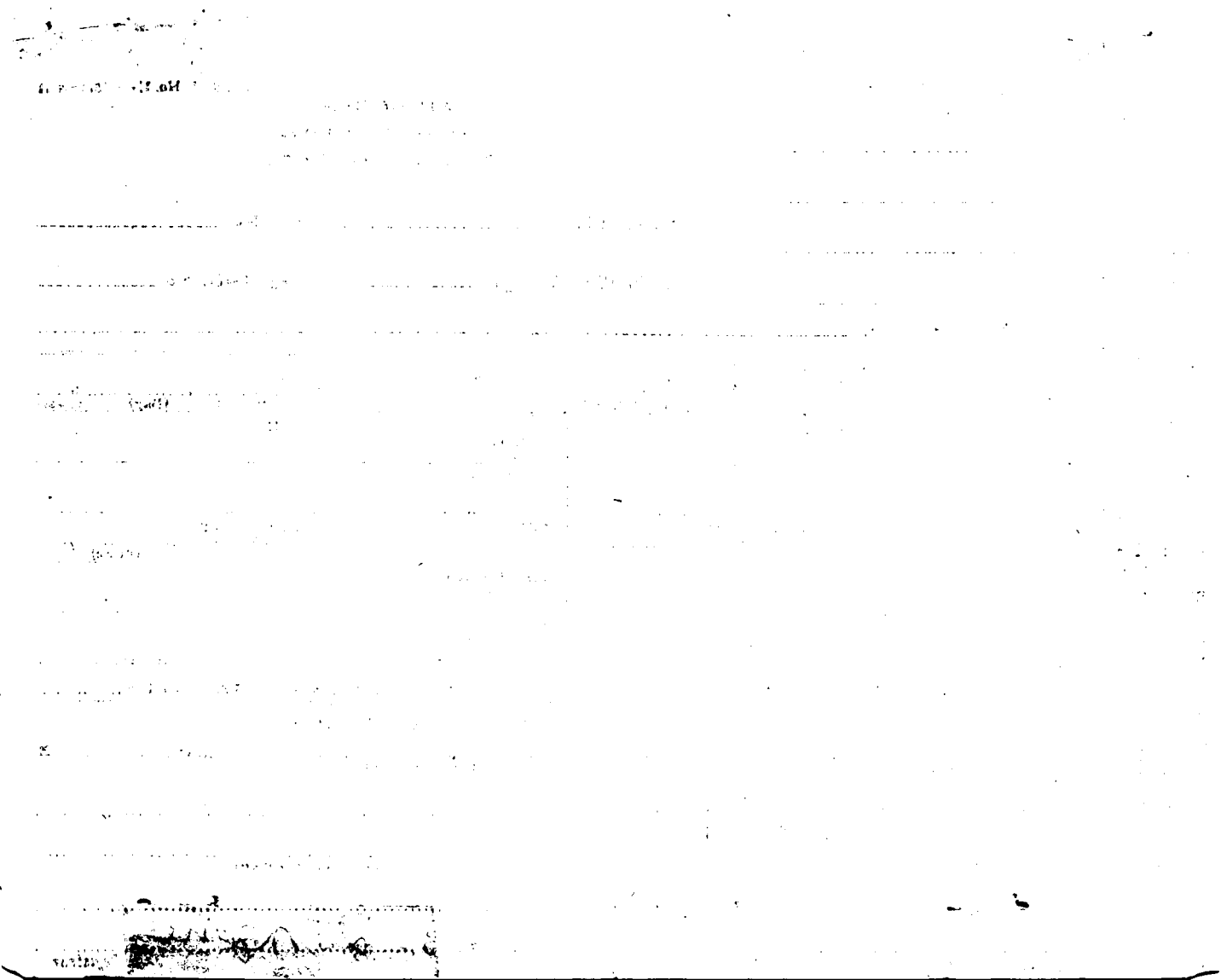
____, 19____

Filed Aug 12 1913

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Russel
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Born in parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8/12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Russel
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 8 yrs.

3. RESIDENCE OF FATHER (city, state) Russel, Idaho

4. FULL NAME OF CHILD Leo Maynard Robertson

5. Date of Birth of Child (Month, day, year) July 25, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tom Robertson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Green Bay, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Emaline Williams
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wanatasburg, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Dr (First name) Jeffreys (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Robertson Signature
Pullman Wash. P. O. Address

Subscribed and sworn to before me this 14 day of April, 19 42

(SEAL) ..... Notary Public, residing at Pullman, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by ..... APR 20 1942 ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-106-031-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14742

Primary Registration District No. 2124 Registered No. 15

FULL NAME OF CHILD Louis Vernon Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	7 6 13

FATHER		MOTHER	
FULL NAME	P.W. Peterson	FULL MAIDEN NAME	Richardson Maud
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Miller	OCCUPATION	Home

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Jeffreys

(Physician or Midwife)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 4 19 13 J T McGowan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

APR 12 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-107-03-399

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14743
16

County of Teton

City of Driggs

No ....., ... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 16

FULL NAME OF CHILD Vern Alexander Chillion

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	7 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chillion (Martin)	Triplett (Mabel)
RESIDENCE	Driggs	Driggs
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jaffray

(Physician or ~~Midwife~~)

Address Driggs

Given names added from a supplemental report

....., 19.....

Filed Aug 4 1913 J. T. Moore

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

APR 5 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ill. } ss.
County of Adams }

Certificate No. 14743

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 7 1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Vernon	Vern Alexander Chillion

Subscribed and sworn to before me this 17
day of Mar., 1943

O Swand
Notary Public, residing at Quincy Ill.
My commission expires April 25-1943
(SEAL)

Signed Mrs Mabel Chillion
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2642 Cherry Quincy Ill.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ill } ss.
County of Adams }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of Mar., 1943

O Swand
Notary Public, residing at Quincy Ill
My commission expires April 25 1943
(SEAL)

Signed Martin Chillion Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2642 Cherry Quincy Ill
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 6 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lewis

City of Nezperce No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 14744

Primary Registration District No. 2124 Registered No. 17

FULL NAME OF CHILD Arlie Bennett Gross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	7 22 1913

FATHER

FULL NAME Earl Bruce Gross

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Florence Vera Reddoll

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Tennessee, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Jones

Physician (Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report

..... 19.....

Filed July 22 1913 J. T. Jones

..... Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 21 1942

CERTIFICATE OF BIRTH

NOV 9 1966

MAY 1 1957

859-208-031-293

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14745

County of Lewis

City of Nezperce

Registration District No. 47 File No.

No. St.

Primary Registration District No. 2124 Registered No. 18

Hospital

FULL NAME OF CHILD Dorothy Ellen Harding

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	7 8 1913

FATHER		MOTHER	
FULL NAME	Perry M. Harding	FULL MAIDEN NAME	Mabel R. Bellow
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Jones

Physician (Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report

19

Registrar

Filed July 22 1913 H. M. Jones

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. 10-11-C—20m-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 2 1950

PLACE OF BIRTH

MAY 14 1956

FEB 2 1973

MAY 14 1975

JAN 23 19[illegible]

454 103.031-214

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14746

County of Lewis

City of Nez Perce

Registration District No. 47 File No. 19

No. ____, ____ St.

Primary Registration District No. 214 Registered No. 19

Hospital

FULL NAME OF CHILD Vanna Ora De Maude

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	7 3 1913

FATHER		MOTHER	
FULL NAME	Ora De Maude	FULL MAIDEN NAME	Bertha Louise Badger
RESIDENCE	Nez Perce	RESIDENCE	Nez Perce
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Illinois
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J T Mjones

Physician

(Physician or Midwife)

Address Nez Perce Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-3 1913 J T Mjones

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 10-10-6-01

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14747

Registration District No. 47 File No. ____

Primary Registration District No. 214 Registered No. ____

FULL NAME OF CHILD Jessie Dale Gerwin

Sex of Child: F | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth July 12 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Ray Gerwin	FULL MAIDEN NAME	Sarah Ann Redfield
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Laborer	BIRTHPLACE	Wash
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Jones

Physician (Physician or Midwife)

Address Nezperce Ida

Filed July 17 1913 A M Jones Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

(Years)

AGE AT BIRTH

BIRTHPLACE

AUG 2 9 1972

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of McKenzie

Registration District No. 47 File No. 14748

No. ____, ____ St.

Primary Registration District No. 21 24 Registered No. ____

Hospital ____

FULL NAME OF CHILD Warden Gano

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 7 (Day) 19 (Year) 1913
M			Yes	

FATHER		MOTHER	
FULL NAME	Wilbur A Gano	FULL MAIDEN NAME	Beryl A Babtree
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Neb.
OCCUPATION	Plumber	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilber F. Ingraham M D (Physician or Midwife)

Gives names added from a supplemental report

..... 19.....

Address Kamiah, Ida

Filed July 19 13 H M Greer Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1 3 1973

575-B15-031-913

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14749

County of Lucas

City of New Kamiah — Registration District No. 47 — File No.

No. ____, ____ St. — Primary Registration District No. 21 N — Registered No.

Hospital

FULL NAME OF CHILD Edward F. Eggleston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7 15 1913

FATHER		MOTHER	
FULL NAME	Frank Eggleston	FULL MAIDEN NAME	Edna L. Ratcliff
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ills	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbert F. McMahan M.D. (Physician or Midwife)

Address Kamiah, Idaho

Given names added from a supplemental report ____, 19____

Filed 7-15 1913 H. M. Jones Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1969

APR 8 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

City of New Kamiah — Registration District No. 47 — File No. 14750

No. ____, ____ St. — Primary Registration District No. 2124 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Reginald Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Y
M			yes	7 8

FATHER		MOTHER	
FULL NAME	Robert Johnson	FULL MAIDEN NAME	Asa Bradley
RESIDENCE	Kamiah	RESIDENCE	
COLOR	Ind.	COLOR	
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	H. wife

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. McMahan M D (Physician or Midwife)

Address Kamiah Ida

Given names added from a supplemental report

....., 19.....

Filed July 24 19 73 H M Jones Registrar

.....
Registrar

S-Y CO., 16670

STATE OF IDAHO

[redacted] L STATISTICS

Co [redacted]annock — OF BIRTH

City Oxford — Registration District No. 27 — File No. 14751

No. ____ St. — Primary Registration District No. 2119 — Registered No. 17

Hospital ____

FULL NAME OF CHILD Labina Ann Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		yes	May 28 1913

FATHER		MOTHER	
FULL NAME	George Cox	FULL MAIDEN NAME	Elva Viola Busch
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Carbon Co. Utah
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9-30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R Cutler M.D.

(Physician or midwife)

Address Preston Idaho

Filed 7-7-13 19.. Allen R Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46 47:007-318

PLACE OF BIRTH

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton Registration District No. 27 File No. 14752

No. ..... St. Primary Registration District No. 2119 Registered No. 5

Hospital .....

FULL NAME OF CHILD Claire Elmo Moser

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one			Yes	2 17 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J. Moser	FULL MAIDEN NAME	Elizabeth A Taylor
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	W	AGE AT LAST BIRTHDAY (Years)	18
COLOR	W	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Logan, Ut	BIRTHPLACE	Winder
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

physician (Physician or midwife)

Address Bryton Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-18 19 13 Allen R Curtis Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—30m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton — Registration District No. 27 — File No. 14753

No. ____ St. — Primary Registration District No. 2119 — Registered No. 43

Hospital ____

FULL NAME OF CHILD Joseph Rowland Wingen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	10	yes	June 16 1913

FATHER		MOTHER	
FULL NAME	Joseph E. Wingen	FULL MAIDEN NAME	Sarilda C. Newland
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indianna
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Rudd

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-19-19 Allen R Rudd

S-Y CO. 20174 Registrar

Registrar

PLACE OF BIRTH

795-226-036-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Registration District No 27 File No. 14760

Primary Registration District No. 219 Registered No. 59

FULL NAME OF CHILD Emma Myrtle Gregerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Feb 26 19[illegible]

FATHER		MOTHER	
FULL NAME	Frederick Gregerson	FULL MAIDEN NAME	Marin Petrena Peterson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Tradesman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ..11.. Number of children, of this mother, now living, including present birth ..10..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-7 19 3 [illegible] Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 11 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S 46124 396

PLACE [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No ....., ... St.

Registration District No. 27 File No. 14764

Primary Registration District No. 219 Registered No. 56

Hospital .....

FULL NAME OF CHILD David Glen Muffoe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar 24 191

FATHER		MOTHER	
FULL NAME	Luther Geo Muffoe	FULL MAIDEN NAME	Mary Crockett
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Electrician	OCCUPATION	house keeper

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife
(Physician or Midwife)

Given names added from a supplemental report .....

....., 19.....

Address Preston Idaho

Filed 5-7-19 3 Allen R Cutler
Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

[redacted]

PLACE

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-1-41

632-10 30 24-253

PLACE OF BIRTH Amended 3/30/77

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

Registration District No. 27 File No. 14765

No. ....., ... St.

Primary Registration District No. 2119 Registered No. 57

Hospital .....

FULL NAME OF CHILD Delmar Lehi Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		7	Yes	April 3 1913

FATHER	MOTHER
FULL NAME Gustaf E Olson	FULL MAIDEN NAME Elizabeth M Peterson
RESIDENCE Minkcreek Idaho	RESIDENCE Minkcreek
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P.M. on the date above stated.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston, Idaho,

Filed 8-7 1913 Allen R Crites Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

RITE PLAINLY, WITH UNFADING INK. T RECORD

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 3/30/77

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 10 4 57 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 14765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Delmar Lehi Olsen (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1913 (Date of Event)
in Mink Creek (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Delmar Lehi Olsen	Delmer Lehi Olson
name of father	Gustaf Olsen	Gustaf E Olson

Subscribed and sworn to before me this 3rd day of September, 19 76

Notary Public, residing at Boise, Idaho

My commission expires Sept. 15, 1976

(Seal)

Signed Velda Olson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 - Preston, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

9-3-76 Clerk

MAR 3 0 19

Birth certificate of own child on file #320364 for son born August 6, 1941 gives father as Delmer Lehi Olson.--viewed by VS

Death certificate on file for father #53-237. Lists his name as Gustaf E Olson --viewed by VS

Diploma from Preston High schook gives namea Delmer L. Olson dated May 12, 1933. viewed by V. S.

967-204 021-815

PLACE OF BIRTH

name added 9-30-85 dl

County of Franklin

City of Preston

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 14766

Primary Registration District No. 2119

Registered No. 42

FULL NAME OF CHILD Leora Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		Yes	7 — 4 — 13

FATHER

FULL NAME George Rogers

RESIDENCE preston, Ida.

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Farmington, Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Hannah M. Hanson

RESIDENCE Preston

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Brigham City, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Quilter

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 7-19 19 13 Allen R. Quilter Registrar

8-Y CO. 20174

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of FRANKLIN)

Name added 1-23-85 dl

7-12-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
AUG 1 2 07 PM '85

State of _____ } ss.
County of _____ }

Certificate No. 14766
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rogers (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 4, 1913 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Leora Rogers

Subscribed and sworn to before me this 29th day of July, 19 85.
Notary Public, Sara Lee Johnson
Residing at Preston Idaho
My commission expires Lifetime
(Seal)

Leora Stowell
Signature of Applicant
141 East 5th S Preston Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism from LDS Church gives Leora Rogers daughter of George S Rogers and Hannah Hansen born July 4, 1913 in Preston was baptised May 20, 1922. Viewed by V.S.

Certificate of Blessing from LDS Church gives Leora Rogers daughter of George Rogers and Hannah Hansen born July 4,1913 in Preston was blessed Oct 5, 1913. Viewed by V.S.

261-208 · 021-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 14767

Primary Registration District No. 2119 Registered No. 40

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		YES	7 8 1912

FATHER	MOTHER
FULL NAME: Alvin Swainston	FULL MAIDEN NAME: Orvilla Clayton
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Hyde Park, Utah.	BIRTHPLACE: Preston, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

J. Thompson (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 7-19 19 13 Allen R. Cutler Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUL 1 3 1975

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RE
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

PLACE OF BIRTH
236-42-02-219
County of Franklin
City of Preston
No. ..... St.
Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

Registration District No. 27
Primary Registration District No. 2119
File No. 14768
Registered No. 18

Amended 8/25/78
FULL NAME OF CHILD Beulah Larkins Blood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female	one	5	yes	May 12 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo. H. Blood	FULL MAIDEN NAME	Edith Larkins
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Raysville	BIRTHPLACE	Deep Creek Nevada
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5
Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis
Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....
..... Registrar

Address .....

Filed 7-18 1913 Allen R Curtis
Registrar

8-Y CO. 20174

AUG 21 1973

8/8/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 12 53 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14768

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Blood (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Blood	Beulah Larkins Blood

Subscribed and sworn to before me this 8/23/78 day of August, 19 78.

Notary Public, residing at 515 So 1000 East
My commission expires 15 Nov, 1979
(Seal)

Signed Beulah Larkins Blood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

515 So 1000 East
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Salt Lake City, Ut 84102

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of August, 19 78.

Notary Public, residing at 515 So 1000 Ea
My commission expires 15 Nov. 1978
(Seal)

Signed Joseph W Grant
(Signature of Any Credible Person)

515 So 1000 Ea SLC, Ut
(Street Address, City, State)

Certificate of Birth issued by the LDS Church Oneida Stake 9/10/13 gives name of Child as Beulah L. Blood born 12 May, 1913. Viewed by V.S.

AUG 25 1978

Own child's birth certificate issued by State of Utah on 9/15/37 gives name of Mother as Beulah Larkins Blood age 24 yrs. viewed by V.S.

265-27036

PLACE OF BIRTH

County of Oneida

City of Preston

No. _____ St. _____

Hospital _____

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14769

Primary Registration District No. 2119 Registered No. 2

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		Yes	1 17 1913

FATHER		MOTHER	
FULL NAME	Walter Sonderus	FULL MAIDEN NAME	Carrie Nelson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Norway
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Rudd

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-18 1913 Allen R Rudd

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14770

Primary Registration District No. 2119 Registered No. 12

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	yes	4 6 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Bosworth	Annie L. Bosworth
RESIDENCE	Preston	Preston
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Croydon, Utah	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Crellin

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-18-1913 Allen P. Crellin
Registrar

8-Y CO. 20174

09-021-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Glendale

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14771

Primary Registration District No. 2119 Registered No. 48

FULL NAME OF CHILD Loreta Auger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
			yes	Mar. 9 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Henry Auger	FULL MAIDEN NAME	Alta Jensen
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer wife

(Number of child of this mother, including present birth 2)

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... h. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-7 19 19 Allen R Bretton Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

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619.218.021-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No ....., ... St.

Registration District No 27 File No. 14772

Primary Registration District No. 219 Registered No. 49

Hospital .....

FULL NAME OF CHILD Lilly Farmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Mar. 16, 1918

FATHER	MOTHER
FULL NAME: Laurence William Farmer	FULL MAIDEN NAME: Lilly May Tanner
RESIDENCE: whitney Idaho	RESIDENCE: Whitney Idaho
COLOR: white	AGE AT LAST BIRTHDAY: 23 (Years)
AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: white
BIRTHPLACE: Logan Utah	BIRTHPLACE: Tooella Utah
OCCUPATION: Farmer	OCCUPATION: Farmer wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-7 19 15 Allen Reuter Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JUL 2 0 1957

31 X 204 021-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale

No ....., ... St.

Registration District No 27 File No. 14773

Primary Registration District No. 2119 Registered No. 51

Hospital .....

FULL NAME OF CHILD Elva Henerietta Lamont

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	May 11, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Alder Lamont	Ruth Bodley
RESIDENCE	Glendale	Glendale
COLOR / AGE AT LAST BIRTHDAY (Years)	White 26	white 26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5-7-19 18 Allen R Crutcher

SYMS - YORK CO., PTRS. & BORS. 17826 Registrar

Registrar

Form V. S. No. U-C-10a-8-71

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of .....

219-12-02-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14774

Primary Registration District No. 2119 Registered No. 5

FULL NAME OF CHILD Myron Herald Barzee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			X yes	Mar. 24, 1919

FATHER		MOTHER	
FULL NAME	George Barzee	FULL MAIDEN NAME	Elvira Clemmens
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bloomington Idaho	BIRTHPLACE	Coalville Idaho
OCCUPATION	Farm Turner	OCCUPATION	House keeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Ida

Filed 8-7 19 3 Allen R. Cutler

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Form V. S. No. 1907

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

PLACE OF BIRTH Amended 9-24-56

155-211-21-381

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14775

Primary Registration District No. 2119 Registered No. 58

FULL NAME OF CHILD Reah Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female					Jan. 11, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Jensen	FULL MAIDEN NAME	Sarah Susie Chadwick
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Becksteas

Midwife
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8-7-1913 192.. Allen R. Cutter
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of FREMONT } ss.

Certificate No. 14775
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rea Jensen (Name on Original Certificate) who was born (Was Born or Died) on January 11, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on April 7, 1913 (Date) are:
Child's Birth Certificate jm 3-15-45 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Rea	Reah

Subscribed and sworn to before me this 5th day of May, 1956.
Notary Public, residing at St. Anthony, Idaho
My commission expires 2/2/57
(Seal)

Signed Sarah L Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
479 Center Clearfield Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1956.
Notary Public, residing at St. Anthony, Idaho
My commission expires 2/2/57
(Seal)

Signed Duby Mendenhall
(Signature of Any Credible Person)
479 Center Clearfield, Ut.
(Street Address, City, State)

FORM DPH 55. 155

555-2

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No ....., ... St.

Registration District No 27 File No. 14776

Hospital Home

Primary Registration District No. 2116 Registered No. 61

FULL NAME OF CHILD Thelma Evens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Jan 11, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac B Evens	Bessie Babcock
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	32 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Post master	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Mary Beckstead

Midwife

(Physician or Midwife)

Address Preston Idaho

Filed 8-7 19 13 Albert Cutler

Registrar

SYMS - YORK CO., PTRS. & BORS 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated

Amended Feb. 5, 1969 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14777
Local Reg. No. 62
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Roberta
b. (Middle): Geddes
c. (Last): Eames

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: April 25 1913 (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME
a. (First): David
b. (Middle): G
c. (Last): Eames

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Geddes

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Nancy Beckstead

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED: Aug 7, 1913

21. DATE REC'D BY LOCAL REG.: Aug. 7, 1913

22. REGISTRAR'S SIGNATURE: Allen R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address IVISION OF VITAL STATISTICS, BOISE, IDAHO.

ACK IN
ISTRA
ce to

LENGTH OF PREGNANCY ____ WEEKS	WEIGHT AT BIRTH ____ LBS. ____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-2-69

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 3 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14777

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Roberta Eames (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1918 (Date of Event)

in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	April 25, 1918	April 25, 1913

Subscribed and sworn to before me this 20 day of January, 19 69

[illegible]
Notary Public, residing at Preston, Idaho
My commission expires 5-22-1971
(Seal)

Signed E. R. Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

240 E 1st N Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 19 69

[illegible]
Notary Public, residing at Preston, Idaho
My commission expires 5-22-1971
(Seal)

Signed Vera G. Merrill
(Signature of Any Credible Person)

360 E 1 So
(Street Address, City, State)
Preston Idaho

FORM DH 60-155

Certificate of birth file with the L.D.S. Church lists date of birth for Roberta G. Eames as April 25, 1913 at Preston, Idaho.
Viewed by V.S. Entered on record July 6, 1913

School Record issued by Eastside Class A. School Dist. # 201 gives birthdate vor Roberta Eames as April 25, 1913.
Viewed by V.S.

253-123-021-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No 27 File No. 14778

No ....., ... St.

Primary Registration District No. 2119 Registered No. 63

Hospital None

FULL NAME OF CHILD Jerome Hans Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	April 23, 1913

FATHER		MOTHER	
FULL NAME	Heber T. Keller	FULL MAIDEN NAME	Josephine Nelson
RESIDENCE	Mink Creek Ida	RESIDENCE	Mink Creek Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Idaho
		OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Idaho

Filed 8-7 1913 Allen R. Carter

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

STATE OF IDAHO

MAR 6 1945

253.102.021-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Glenco, Mink creek

No ..... St.

Hospital home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14779

Primary Registration District No. 2119 Registered No. 64

FULL NAME OF CHILD Daniel Alma Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Mar 2 1913

FATHER		MOTHER	
FULL NAME	James Hyrum Bell	FULL MAIDEN NAME	Mabel Keller
RESIDENCE	Mink Creek	RESIDENCE	Mink creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife
(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-7 19 13 Allen R Crelton
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-9-7-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

155·223·02K414

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 14780

Primary Registration District No. 2119 Registered No. 69

Hospital Lorne

FULL NAME OF CHILD Mildred M. Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 23 1913

FATHER		MOTHER	
FULL NAME	Wilford L. Jensen	FULL MAIDEN NAME	Georgia Maughan
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Glendale
OCCUPATION	Clerk	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician~~ or midwife)

Address Fanny McQueen Preston

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-7 19 13 Clerk Cullen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SSS-125-021-75

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Registration District No. 27 File No. 14781

Primary Registration District No. 2119 Registered No. 70

Hospital home

FULL NAME OF CHILD Verl Orrill Neeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 25 1913

FATHER

FULL NAME Orrill Neeley

RESIDENCE Riverdale

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Riverdale

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Alida Peterson

RESIDENCE Riverdale

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Mink Creek

OCCUPATION Homekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1130 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen Preston

~~(Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Fanny McQueen Preston

Filed 8-7 19 13 Allen R Cutler

8-Y CO. 20174 Registrar

Registrar

PLACE OF BIRTH

251-205-021-7

[redacted]

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 14782

No. ..... St.

Primary Registration District No. 2119 Registered No. 44

Hospital .....

FULL NAME OF CHILD Melda Seamons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one	and	3	yes	June 5 1913

FATHER		MOTHER	
FULL NAME	Wilford Seamons	FULL MAIDEN NAME	Effie Payton
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hydepark Utah	BIRTHPLACE	Preston
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 7-18 19 13 Allen R. Cutler

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

261-28-02-5315

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 — File No. 14783

Primary Registration District No. 2119 — Registered No. 31

FULL NAME OF CHILD Helen Swanston

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	One (To be answered only in event of plural births)	and	Yes	May 28 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Swanston	FULL MAIDEN NAME	Jennie Tanner
RESIDENCE	Whitney	RESIDENCE	Whitney Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Whitney Ida.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Preston Ida.

(Physician or Midwife)

Address G. W. Parkinson

Given names added from a supplemental report

....., 19.....

Filed 7-19-1913 Allen R. Foster
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAH

Bureau of Vital Sta

CERTIFICATE OF BIRTH

MAY 12 1958

592-W-21021-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Franklin~~ Winder

City of _____

No. _____ St.

Hospital _____

Registration District No. 27 File No. 14785

Primary Registration District No. 2119 Registered No. 39

FULL NAME OF CHILD Mary Nissen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		YES	7 12 19

FATHER

FULL NAME Norman H. Nissen

RESIDENCE Winder, Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE ~~Preston, Idaho.~~

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Mary Olsen

RESIDENCE Winder, Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Mink Creek, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7-19-19 13 A R Curtis M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

266-22-021-257

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 14786

No. ..... St.

Primary Registration District No. 2119 Registered No. 13

Hospital .....

FULL NAME OF CHILD Beulah Stevens Koford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one	1	Yes	4 22 1913

FATHER		MOTHER	
FULL NAME	Arnold L Koford	FULL MAIDEN NAME	Etna Stephenson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Trenton, Ut.	BIRTHPLACE	Preston
OCCUPATION	Sheep-shearer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Walk born Clinic (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-18 1913 Allyn R Cutler

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

City of Banida

No. ____, _____ St.

Registration District No. 97

Hospital _____

Primary Registration District No. 2119

File No. 14787

Registered No. 37

FULL NAME OF CHILD Alma Thomas Patterson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 26 1913

FATHER	MOTHER
FULL NAME: William Patterson,	FULL MAIDEN NAME: Sarah A. Booth
RESIDENCE: Banida, Idaho.	RESIDENCE: Banida, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Bear Lake Co., Bloomington, Ida.	COLOR: White
OCCUPATION: Farmer	AGE AT LAST BIRTHDAY: 36 (Years)
	BIRTHPLACE: Lankeshire, England.
	OCCUPATION: Housewife.

[Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) G. W. Stites

Physician (Physician or Midwife)

Address Preston, Idaho.

Filed 7—19 1913 Allen R. Keeler Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

246105-021-246

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 14788

Primary Registration District No. 2II9 Registered No. 47

FULL NAME OF CHILD Joseph Earl Smout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	3 5 1913

FATHER	MOTHER
FULL NAME: Alex Smout	FULL MAIDEN NAME: Elva Smout
RESIDENCE: Minkcreek	RESIDENCE: Minkcreek Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Day laberer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cuelle

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-21-19 13 Allen R Cuelle
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

246-116-021-167

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Minkcreek

No. _____ St.

Hospital _____

Registration District No. 27 File No. 14789

Primary Registration District No. 2119 Registered No. 16

FULL NAME OF CHILD STERLEY PETER SMOUT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	4 16 1913

FATHER	MOTHER
FULL NAME: Edwin Ward Smout	FULL MAIDEN NAME: Ina Joplina
RESIDENCE: Minkcreek, Idaho.	RESIDENCE: Minkcreek
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7-21 19 13 Allen R Cutler Registrar

S-Y CO. 20174

OCT 17 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 14789

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Peter Smout (Birth or Death) for Peter Smout (Name on Original Certificate) who Born (Was Born or Died) on Apr 16 th 1913 (Date of Event) in Mink Creek (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mothers Affidavit (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Beter Smout	Sterley Peter Smout

Subscribed and sworn to before me this 12 day of October, 1942

Notary Public, residing at Rigby, Idaho

My commission expires Nov. 9th, 1942. (Seal)

Signed Ina J. Smout Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of October, 1942

Notary Public, residing at Rigby, Idaho

My commission expires Nov. 9th, 1942 (Seal)

Signed Edwin Edward Smout Father
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

OCT 27 1942

665-220-021-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston.

No ....., ... St.

Hospital .....

Registration District No. 27 File No. 14790

Primary Registration District No. 2119 Registered No. 36

FULL NAME OF CHILD Elizabeth Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fenale			Yes	June 20 1913

FATHER	MOTHER
FULL NAME: John W. Owen	FULL MAIDEN NAME: Marry Halverson.
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 43
COLOR: White	AGE AT LAST BIRTHDAY (Years): 42
BIRTHPLACE: Wellsville , Utah.	BIRTHPLACE: Marritt, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth ..... 6 .....

Number of children, of this mother, now living, including present birth ..... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Steele

Physician, (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 7-19 19 13 Allen Keeler

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

JUL 7 1975

555-106-02-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No 27 File No. 14791

No ....., ... St.

Primary Registration District No. 219 Registered No. 84

Hospital .....

FULL NAME OF CHILD Ariel Greaves Neeley

Sex of Child	Twin, Triplet or other	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Only		Yes	June 6, 1913

FATHER	MOTHER
FULL NAME Ira L. Neeley	FULL MAIDEN NAME Myrtle Greaves
RESIDENCE Thatcher, Ida.	RESIDENCE Thatcher Ida
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Franklin Ida	BIRTHPLACE Preston Ida.
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Parkinson M.D.

Preston Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Idaho

Filed 7-19 19 13 Alma L. Cutler

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

Registrar

DECEASED

965·125·021·466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 14792

No. ____, ____ St.

Primary Registration District No. 2197 Registered No. 83

Hospital ____

FULL NAME OF CHILD Watkin Louis Roe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Only		Yes	June 25 1913

FATHER		MOTHER	
FULL NAME	Watkin L. Roe	FULL MAIDEN NAME	Gwen Mowers
RESIDENCE	Preston, Ida.	RESIDENCE	Preston.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Salt Lake Ut.	COLOR	White
OCCUPATION	Printer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Whitney Ida.
		OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Preston, Ida.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-19 1913 Allen Cutler

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE O

Form V. S. No. 11-C—1929-7-11

NAME CHANGE

DUP OF 1913 D67-902

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

36-126-527.712

PLACE OF BIRTH

[redacted]

Form V. S. No. II-C—10m-8-7-11

County of Franklin

City of Preston Ida

Registration District No. 27 File No. 14793

No. ....., ... St.

Primary Registration District No. 2119 Registered No. 32

Hospital .....

FULL NAME OF CHILD Fred Sawataki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		yes	June 26, 1913

FATHER	MOTHER
FULL NAME Yukichi Sawataki	FULL MAIDEN NAME Hana Hara Yamada
RESIDENCE Preston Ida	RESIDENCE Preston
COLOR Japanese AGE AT LAST BIRTHDAY 38 (Years)	COLOR Japanese AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Parkinson

Preston Ida

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-19 19 13 Allen R Curtis

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

bhe59-8161 90dmc1

Certified copy issued Nov. 22, 1940. E.W.

cc [illegible]

PHONE MUtual 1615

NISUKE MITSUMORI
ACCOUNTANT
REAL ESTATE AND INSURANCE BROKER
211½ EAST FIRST STREET
LOS ANGELES, CALIF.

147

November 14, 1940

Department of Public Health
Bureau of Vital Statistics
Boise, Idaho

RECEIVED
NOV 16 1940

Sirs:

Will you kindly send me as soon as possible a certified copy of the birth certificate of FRED SAWATAKI, who was born on June 26, 1913 at Franklin, Idaho. His father's name is Mankichi Sawataki.

Enclosed is $1.00 for certifying fee.

Thank you for your attention.

(cert. re
folder

Very truly yours,

N. Mitsumori

encl.

$1.00 Currency

June 26 - 1913 Franklin Idaho

Bureau of Vital Statistics
Boise, Idaho

Dr. Parkinson:
This young man states he was born June 26 and the record signed by you as attending physician, give his date of birth June 22,1913. Before we can make the change, it will be necessary to have your authorization to do so. Notation on this letter will be appreciated and returned promptly.
Thank you.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 7 1941

STATE OF California)
) SS.
COUNTY OF Los Angeles)

AFFIDAVITS FOR CORRECTION OF A RECORD

Sakuhei Saito of Los Angeles

Being first duly sworn, deposes and says that he is not related but a good
(if related, specify degree,

friend of parents of Fred Sawataki
if friend or otherwise, so state)

who born in the city of Preston, County of Franklin
(was born, died)

on the 26th day of June, 1913, as stated in a certificate of birth
birth or

filed by G. F. Parkinson
death (name of ~~physician~~ or midwife, or undertaker for death)

with the Local Registrar for the city of Preston, County of Franklin

Idaho, on the 19th day of July 1913.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: 10. Cyrun Sawataki-father's name; 16. Hearu Yand, mother's name; 11. Mongolian - race; 12. 27 years of age; 17. Mongolian race; 18. 27 years of age ; ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, 11. Mankichi Sawataki; 16. Haru Takido; 11. Japanese 12. 38 years 17. Japanese 18. 26 years ~~xxxxxxxxxxxxxxxxxxxxxx~~

(SEAL)

Affiant Sakuhei Saito

Address 505 E. 1st St.

Subscribed and sworn to before me this 28th day of February 1941

Yuichi Mitsumori
Notary Public
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

STATE OF California)
) SS.
COUNTY OF Los Angeles)

Yoshio Shinohara of City of Los Angeles

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Yoshio Shinohara

Address 2741 Council St.

Subscribed and sworn to before me this 28th day of February 1941

(Seal)

Yuichi Mitsumori
Notary Public
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

418-227-021-362

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14794

Primary Registration District No. 2119 Registered No. 30

FULL NAME OF CHILD Lila Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 27 191 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Day	Loretta Osborn
RESIDENCE	Weston	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Finch

Attending Physician

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-19-1913 Allen Kistler

Registrar

.....

Registrar

S-Y CO., 16670

PLACE OF BIRTH

553-113-021-345

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27

File No. 14795

No. ....., ... St.

Primary Registration District No. 2119

Registered No. 29

Hospital .....

FULL NAME OF CHILD Dee Edgar Melson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5, 13, 1913

FATHER		MOTHER	
FULL NAME	James L. Melson	FULL MAIDEN NAME	Hulda Jungquist
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho		
OCCUPATION	Farmer		
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... First

Number of children, of this mother, now living, including present birth ..... Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) A. W. Quick

Physician

(Physician or Midwife)

Address Weston Idaho

Filed 7-19-1913 Allen B. Culk

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-126-021-712

[redacted] BIRTH

County of Franklin

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Weston

Registration District No. 27

File No. 14796

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 28

Hospital MARLOWE G. Palmer

FULL NAME OF CHILD [redacted] Palmer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 26 1913

FATHER		MOTHER	
FULL NAME	William G. Palmer	FULL MAIDEN NAME	Anna C. Jorgeman
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) R. W. Leach

Physician

(Physician or Midwife)

Address Weston Idaho

Filed 7-19 19 13 Allen A Curtis

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

14796

State of Idaho } ss.
County of Franklin }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for ..... who ..... on .....
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by ..... prepared on ....., are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dale G. Palmer	Marlowe G. Palmer

Subscribed and sworn to before me this 7 th
day of Jan, 1942.

Notary Public, residing at Preston Ida.

My commission expires May 1-1945
(SEAL)

Signed Marlowe G Palmer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

278 E. 1st So Preston Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of January, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(SEAL)

Signed Spencer Condie.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 14 1942

JUL 1 1956

632-28-021-469

[redacted]

S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 14797A

Primary Registration District No. 2119

Registered No. 27

FULL NAME OF CHILD Donal Morton Olsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twins	and	Yes	5 28 1913

FATHER		MOTHER	
FULL NAME	Wilford Olsen	FULL MAIDEN NAME	Luella Morton
RESIDENCE	Robin Idaho	RESIDENCE	Robin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Weston Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive and stillborn, at 2.15 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) R W Lewis

Physician (Physician or Midwife)

Address Weston Idaho

Filed 7-19 1913 Allen R Curtis Registrar

S-Y CO., 16670

TWIN STILLBORN 14797B

O- ADDed A to CER #, A/P L.O. instructions 1-10-12 PR

553-201-021-695

PLACE OF BIRTH

Amended 12/2/74

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27

File No. 14798

No. ....., ... St.

Primary Registration District No. 2119

Registered No. 38

Hospital .....

FULL NAME OF CHILD Eleanor G. Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7, 1, 1913

FATHER		MOTHER	
FULL NAME	Parley Nelson	FULL MAIDEN NAME	Elmira Fredrickson
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Weston, Ida.
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Lueck

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 7-19 1913 Allen R. Bullen

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
NOV 29 9 42 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Francisco } ss.

Certificate No. 14798

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elnora Nelson (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1913 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] 529-10-4905 prepared on Oct. 1938 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Elnora Nelson	Eleanor G.(Georgia)Nelson

Subscribed and sworn to before me this 20th day of November 1974

[illegible]
Notary Public, residing at San Francisco, Cal.
My commission expires 12-3-76
(Seal)
NOTARY PUBLIC — CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO
My Commission Expires Dec. 3, 1976

Signed Eleanor G. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1390 Washington St. San Francisco Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Francisco } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of November 1974

[illegible]
Notary Public, residing at San Francisco, Cal.
My commission expires 12-3-76
(Seal)
NOTARY PUBLIC — CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO
My Commission Expires Dec. 3, 1976

Signed Stella Clark
(Signature of Any Credible Person)

880 Bush St.
(Street Address, City, State)
San Francisco, Calif.

FORM DH 602 155

CL 10/22/74 bc pd. rec # 18089

Social Security Card gives name as Eleanor G. Nelson (529-10-4705) ~~gixe~~ viewed byVS

Card from Kaiser Foundation Health Plan, Inc. gives name as Eleanor G. Nelson. born 7-15. Act. No. 0931780. viewed by V. S.

DEC 4 1974

275 [redacted]

PLA[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton.

No.....St.

Hospital .....

Registration District No. 27 File No. 14799

Primary Registration District No. 2119 Registered No. 25

FULL NAME OF CHILD Saphronia Stephensen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 14, 1913

FATHER	MOTHER
FULL NAME Harris Stephensen,	FULL MAIDEN NAME Saphronia Bennet
RESIDENCE Mapleton, Idaho.	RESIDENCE Mapleton, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Beaver , Utah.	BIRTHPLACE Cove , Utah.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4., A. M. on the date above stated.

(Signature) G W State

Physician

(Physician or Midwife)

Address Preston, Idaho.

Filed 7-18, 1913 Allen R Butler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 8 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin,

City of Whitney

No. ....., ... St.

Registration District No. 27 File No. 14800

Primary Registration District No. 2119 Registered No. 24

Hospital ..... Rusher

FULL NAME OF CHILD Clifford Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 26, 1913.

FATHER	MOTHER
FULL NAME: Amasa R. Beckstead	FULL MAIDEN NAME: Ethal Maughan.
RESIDENCE: Whitney, Idaho.	RESIDENCE: Whitney, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 21
COLOR: White	AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: Whitney. Idaho.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife.

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10[30] P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician, (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

K ....., 19.....

Registrar

Filed 7-18 19 13 Allen R. Cutler

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 14 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated

County of Franklin, [illegible]

CERTIFICATE OF B[illegible]

City of Preston

Registration District No. 27

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 2[illegible]

Hospital ____

FULL NAME OF CHILD Hugh Geddes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 31, 1913

FATHER	MOTHER
FULL NAME: Hugh L. Geddes	FULL MAIDEN NAME: Lydia Lowe
RESIDENCE: Banida, Idaho.	RESIDENCE: Banida, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 28 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife,

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Slates

Physician, (Physician or Midwife)

Address Preston Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-15 19 13 Allen R. Crelle
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

CE OF BIRTH

RESERVED FOR

419-227-021-236

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-15

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin.

City of Preston

No ....., ... St.

Hospital .....

Registration District No. 27 File No. 14802

Primary Registration District No. 2119 Registered No. 15

FULL NAME OF CHILD Owenna Martin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 27, 1913

FATHER	MOTHER
FULL NAME: Jamos L. Martin	FULL MAIDEN NAME: Francis Story
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 25 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Bever City , Utah.	BIRTHPLACE: Bever City , Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) G W Gates

Physician (Physician or Midwife)

Preston, Idaho.

Address .....

Filed 7-18 19 13 Allen Cullen Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

12-18-62

BIRTH

STATE OF IDAHO

399-209-021-354

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14803

Primary Registration District No. 2119 Registered No. 35

FULL NAME OF CHILD Jessie Janet Cramer

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
femal	one	one	yes	June 9 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James R. Cramer	FULL MAIDEN NAME	
RESIDENCE	Preston	RESIDENCE	Bessie Ledge
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... One

Number of children of this mother now living, including present birth ..... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) Allen R Cecilia

Phy Lucas
(Physician or midwife)

Address Preston Idaho

Filed 7-19-1913 Allen R Cecilia
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-116-021-362

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27 File No. 14804

No. ____ St.

Primary Registration District No. 2119 Registered No. 16

Hospital ____

FULL NAME OF CHILD Floyd Coburn Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one		Yes	May 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sylvester Jones	Annie M. Coburn
RESIDENCE	Weston	Weston
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Smithfield Utah	Weston
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Crittenden

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

Maiden name of mother changed from information furnished by mother taken from Baptismal record. 4-28-41

Filed 7-18 1913

Allen R Crittenden
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4/28/41. wb

[redacted] 221-036217

PLACE OF BIRTH

Oneida

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14805

Primary Registration District No. 2119 Registered No. 1

FULL NAME OF CHILD Loretta Marie White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		Yes	1 21 1913

FATHER		MOTHER	
FULL NAME	Geo. F. White.	FULL MAIDEN NAME	Emily Baggs
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Farmington	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/15 1913 Allen R Curtis Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

[redacted]

JUL 17 1972

MAY 18 19[redacted]

BINDING MFG. CO.

343-21-036753

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14806

Primary Registration District No. 2119 Registered No. 3

FULL NAME OF CHILD Felesile Luthy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one	and	yes	1 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph A. Luthy.	Francis Peterson
RESIDENCE	Preston	Preston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Rexburg	Mink Creek, Ida.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 4:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed 7-18-1913 Allen R Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

OCT 30 1969

CERTIFICATE OF BIRTH

251-230-0364 19

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 2 7 File No. 14807

Primary Registration District No. 2119 Registered No. 4

FULL NAME OF CHILD Veda Elea Seamons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		Yes	1 30 1913

FATHER

FULL NAME Alonzo H. Seamons

RESIDENCE Preston

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Hyde Park, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eliza A Martin

RESIDENCE Preston

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Greenville, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 7:46 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Filed 4-18 1913 Allen R Cutler Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1940—Rev. 6-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

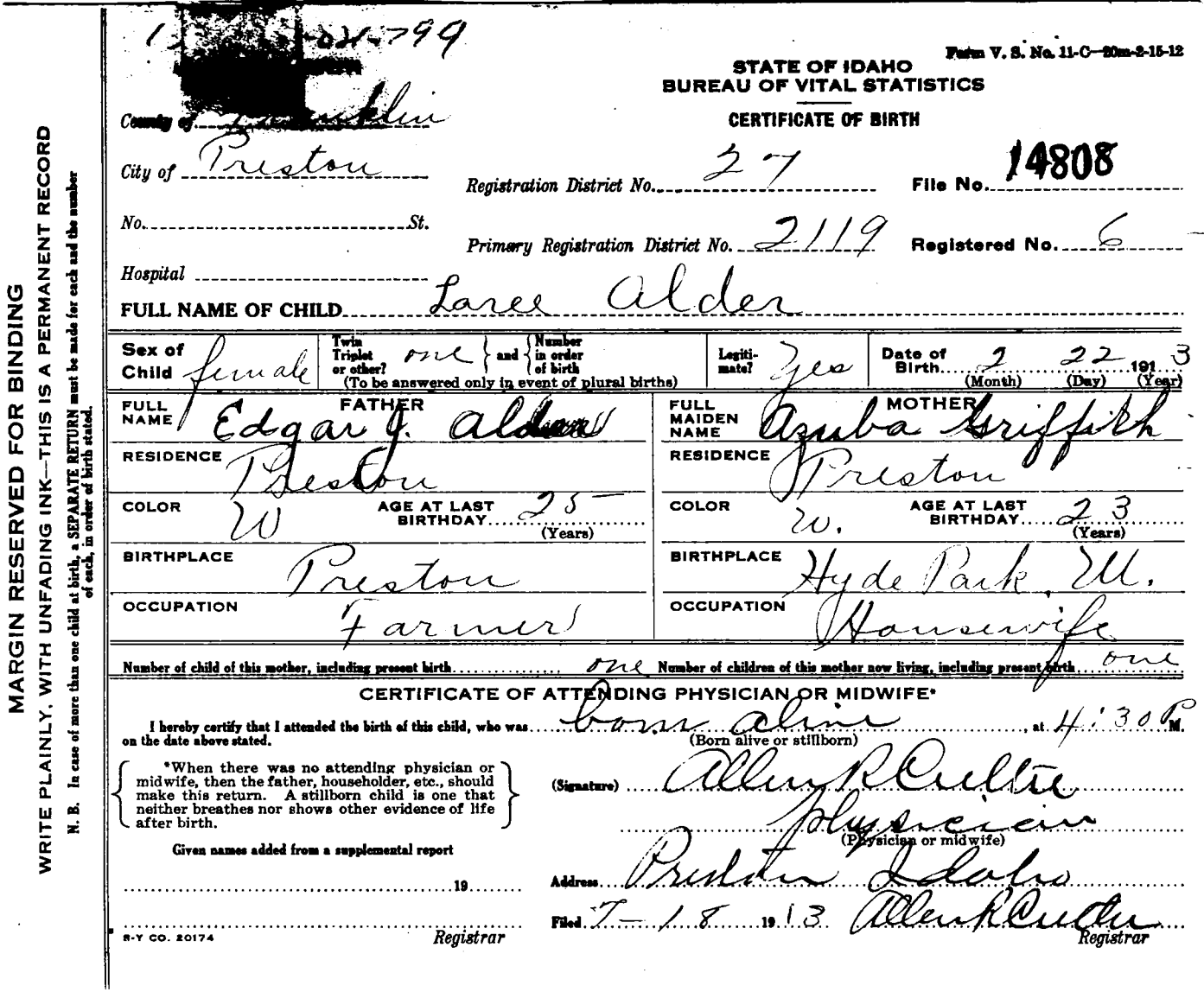
CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

SEAMONS IS CORRECT

DUP OF 1913-12685



1 [redacted] 021-799

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Preston — Registration District No. 27 — File No. 14808

No. ____ St. — Primary Registration District No. 2119 — Registered No. 6

Hospital ____

FULL NAME OF CHILD Loree Alder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		Yes	2 22 1913

FATHER		MOTHER	
FULL NAME	Edgar J. Alder	FULL MAIDEN NAME	Azuba Griffith
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Preston	BIRTHPLACE	Hyde Park, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one — Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....19....

Filed 7—18 1913 Allen R. Cutler

....Registrar — Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

[redacted]

619-120-021-519

Amended 6-12-62

(Be sure the information is complete and accurate)

State File No. 14809

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 7

Reg. Dist. No. 27

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Franklin	a. STATE: Idaho b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	John	Elvin	Warrick

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	2 - 20 - 1913

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
John		Warrick	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Virginia	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nathalie		Carlson	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Denmark	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
Allen R. Cutler	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Preston, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
7-18-1913	Allen R. Cutler	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14309

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Alvan Warrick (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	John Alvan Warrick	John Elvin Warrick

Subscribed and sworn to before me this 4 day of ....., 19 27

Notary Public, residing at Preston

My commission expires 2/6/61

(Seal)

Signed Nathalie Carlson Warrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 62

Notary Public, residing at Preston Idaho

My commission expires 2-6-62

(Seal)

Signed James L. Taylor
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5-25-62. nm

L.D.S. Church Certificate of Baptism and Confirmation, Dec. 2, 1928 gives full name as John Elvin Warrick, son of John Warrick and Nathaile Carlson, born Feb. 20, 1913 at Banida, Idaho - viewed by V.S.

L.D.S. Church Marriage Sealing Record, states John Elvin Warrick and Amy Melissa Sant who previously had been legally married, were Sealed by me as husband and wife according to the ordinance of God, for Time and for all Eternity, in the House of the Lord, Logan, Utah. dated June 30, 1936. sealed by Wm. A. Noble and witnesses were Wm. H. Carter and Joseph L. Mair - orr. record viewed by V.S.

Certificate of Discharge from Civilian Conservation Corps, enrolled Jan. 8, 1935 and Honorably Discharged March 25, 1935 gives full name as Elvin Warrick - viewed by V.S.

219-209-021-867

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek — Registration District No. 27 — File No. 14810

No. ____ St. — Primary Registration District No. 2119 — Registered No. 8

Hospital ____

FULL NAME OF CHILD Orlena Baird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		yes	3 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. D. Baird Jr.	Clara Hogan
RESIDENCE	Mink Creek	Mink Creek
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	Brigham City	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth: one — Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler, M.D.

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-18-1913 Allen R. Cutler

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Mink Creek Registration District No. 27 File No. 14811

No. St. Primary Registration District No. 2119 Registered No. 9

Hospital

FULL NAME OF CHILD Joseph O Nelson

Sex of Child	Twin Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Son	1	yes	4 21 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson Nelson	Sarah E Keller
RESIDENCE	Mink creek	Mink Creek
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Mink Creek	Mink Creek
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Coulter

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

.....19.....

Filed 7-18-1913 Albert R Coulter Registrar

.....Registrar

8-Y CO. 20174

914 107 [illegible]

[illegible] V. S. No. 11-C—[illegible]

City of Preston

Registration District No. 27 File No. 14812

No. ..... St.

Primary Registration District No. 2119 Registered No. 10

Hospital .....

FULL NAME OF CHILD Mary Radford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		yes	4 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stephen Luther Radford	Mary Lillian Nelson
RESIDENCE	Preston	Preston
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	N. Carolina	Rivedale
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Carter

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-18 19 13 Albert Carter

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 14813

Primary Registration District No. 2119 Registered No. 11

FULL NAME OF CHILD Mark Howard Larson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	one	(To be answered only in event of plural births)	yes	april 29 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Willard Larson	FULL MAIDEN NAME	Anabel Cowley
RESIDENCE	Preston Utah	RESIDENCE	Preston
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Logan Utah	BIRTHPLACE	Logan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 - 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen L Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-18 19 13 Allen L Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

Amended 4-6-60

PLACE OF BIRTH

713-225-021-669

County of Franklin

City of Preston

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14814

Primary Registration District No. 2119 Registered No. 14

FULL NAME OF CHILD Margret Mary Palmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 25, [redacted] 1913

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Jedediah M. Palmer	FULL MAIDEN NAME: Anna Rozella Forsgren
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Croyden, Utah	BIRTHPLACE: Riverdale, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-18-1913 [redacted] Allen R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Franklin }

Certificate No. 14814

Date Filed

The undersigned/does solemnly swear that certain facts on the certificate of Anna Rozella Forsgren Palmer Birth (Birth or Death)

for Margaret Palmer (Name on Original Certificate) who born (Was Born or Died) on April 21, 1913 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Margaret Palmer	Margaret Mary Palmer
Date of Birth	April 21, 1913	April 25, 1913
Full Maiden Name of Mother	Annie Rosella Fosgreen	Anna Rozella Forsgren

Subscribed and sworn to before me this 28 day of December, 19 59

F. M. Condie

Notary Public, residing at Preston, Idaho

My commission expires Nov. 29, 1962

(Seal)

Signed Anna Rozella Forsgren Palmer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Franklin. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am the husband of Anna Rozella Forsgren Palmer

Subscribed and sworn to before me this 28th day of December, 19 59.

Notary Public, residing at Preston, Idaho

My commission expires Nov. 29, 1962.

(Seal)

Signed Jedediah M. Palmer

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55-155

CL 9-2-59. one copy pd. receipt #14465.

Own Child's Birth Cert. on file, #402931 gives full maiden name of mother as Margret Mary Palmer - viewed by V.S.

Family Bible Record, Photo Copy of Page, appears old and unaltered gives full name of child as Margret Mary Palmer, born April 25, 1913 at Preston, Idaho - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on record 6 July 1913, full name of child is given as Margret Mary Palmer, born April 25, 1913 at Preston, Idaho to Jedediah M. Palmer and Anna Rozella Forsgren - viewed by V.S.

Family Pedigree Chart, unaltered, gives full name of mother as Anna Rozella Forsgren, born Aug. 4, 1888 at Riverdale, Idaho -married Jedediah Morgan Palmer on June 12, 1907 - viewed by V.S.

PERIOD OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

Registration District No. 27

File No. 14815

No. ____ St.

Primary Registration District No. 2119

Registered No. 41

Hospital ____

FULL NAME OF CHILD Dorothy Mae Gerrard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one			Yes	7 5 1913

FATHER		MOTHER	
FULL NAME	James Gerrard	FULL MAIDEN NAME	Sarah Philip
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Laborer	OCCUPATION	School Teacher

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....19....

Filed 7-19-19 13 Allen R Cutler

Registrar

....

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 5 1949

168-101-02.386

PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14816

Primary Registration District No. 2119 Registered No. 19

FULL NAME OF CHILD Spencer Thomas Johnson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	one	and	yes	May 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Johnson	FULL MAIDEN NAME	Nellie Elizabeth Thomas
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Brigham City Ut.	BIRTHPLACE	Smithfield Utah.
OCCUPATION	farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Curtis

Physician (Physician or midwife)

Address Preston Idaho

Filed 7-18 19 13 Allen P. Curtis Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-214-021-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14817

Primary Registration District No. 2119 Registered No. 21.

FULL NAME OF CHILD Bonnie Joe Della Skiles

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
	one (To be answered only in event of plural births)	third	yes	March 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Skiles	FULL MAIDEN NAME	Amy Anderson
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Abilene Kansas	BIRTHPLACE	Grantsville, Ut.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen K Cuelar

Physician

(Physician or midwife)

Address Preston Idaho

Filed 7-18 1913 Allen K Cuelar

Registrar

8-Y CO. 20174

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/20/41 L. B.

INDEPENDENT SCHOOL DISTRICT NO. 1

CASSIA COUNTY

BURLEY - IDAHO

March 19, 1941

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT OUR RECORDS SHOW THE BIRTHDATE OF BONNIE SKILES TO BE MARCH 14, 1913.

VERY TRULY YOURS,

GEO. E. DENMAN
SUPERINTENDENT OF SCHOOLS

State of Idaho,)
County of Cassia) ss.

On this 19th day of March, in the year 1941, personally appeared before me Mack W. Crouch, a Notary Public, Geo. E. Denman, known to me to be the person whose name is subscribed to the foregoing certificate and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written

Mack W. Crouch
Notary Public, Residing at Burley, Idaho.

My Commission expires May 25, 1941.

JUL 15 1954

Amended 4-18-58
PLACE OF BIRTH

=962-22.021.313

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 14818

Primary Registration District No. 2119 Registered No. 20

FULL NAME OF CHILD Elma Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 27, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. R. Robinson	FULL MAIDEN NAME	Mary C. Calder
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Coalville	BIRTHPLACE	Vernal
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Allen R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 7-18-13 [redacted] Allen R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
APR 14 1958

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of SAN MATEO

Certificate No. 14818

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Phillis Robinson (Name on Original Certificate) who born (Was Born or Died) on May 27, 1913 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing & Baptism (Bible Record, Insurance Policy, Etc.) prepared on Aug. 3, 1913 8-1-23 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Phillis Robinson	Elma Robinson

School Records - 3rd Grade & 7th Grade
Viewed by v.s.

Subscribed and sworn to before me this 1st day of APRIL, 1958.

Notary Public, residing at REDWOOD CITY, CALIF
My commission expires JAN. 15, 1961
(Seal)

Signed Minnie C. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SAN MATEO

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of APRIL, 1958.

Notary Public residing at REDWOOD CITY CALIF
My commission expires JAN. 15, 1961
(Seal)

Signed Mrs Lyda R Price
(Signature of Any Credible Person)

431 Eldredge Millbrae Calif
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-16-58 mm 2 Copies Paid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each with the number of each, in order of birth stated.

[redacted] 93

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 14819

No. ..... St.

Primary Registration District No. 2119 Registered No. 22

Hospital Arnold

FULL NAME OF CHILD Allen Raymond Bingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	one	one	yes	May 30 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	H. R. Bingham	FULL MAIDEN NAME	Emma Rich
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tooele Co	BIRTHPLACE	Salt Lake City
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-2 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-18 19 13 Allen R Cutler Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. H-C—Revised 15-5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 21-815

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]n

City of [redacted]eek

No. [redacted] St.

Hospital [redacted]

Registration District No. 27 File No. 14820

Primary Registration District No. 2119 Registered No. 26

FULL NAME [redacted] Matilda Hansen

Sex of Child: Female | Twin, triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 4 (Month) 10 (Day) 191[illegible] (Year)

FATHER

FULL NAME: John M. Hansen

RESIDENCE: Mink Creek, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hannah Hansen

RESIDENCE: Minkcreek

COLOR: white AGE AT LAST BIRTHDAY: 2[illegible] (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler M.D.
Physician
(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-19-19[illegible] Allen R Cutler Registrar

8-Y CO. 20174

144

PLACE [redacted]

City of [redacted]

Registration District No. 26 File No. 14821

No. ..... St.

Primary Registration District No. 2112 Registered No. 120

Hospital .....

FULL NAME OF CHILD Unnamed. John R. Dudgeon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male.				yes	July 3 (Month) (Day) 191 (Y

FATHER		MOTHER	
FULL NAME	A. C. Dudgeon	FULL MAIDEN NAME	Eva Dennis
RESIDENCE	Eight miles South of Weiser	RESIDENCE	With husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 5th 1913 W. R. Hamilton

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each.

Form V.S. No. 11-C—20m-2-45-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 1949

1001

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-10Y-094-D58

PLACE OF BIRTH

Form V. S. No. 11-C—Rm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

~~Academy~~ Hill

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14822

Primary Registration District No. 2112 Registered No. 121

FULL NAME OF CHILD Leroy Frank Burley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	and 4	Yes	7 4 1913

FATHER		MOTHER	
FULL NAME	B. L. Burley	FULL MAIDEN NAME	Julia Keyes
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Bank Teller	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Thurley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser, Idaho.

Filed July 5th 1913 W. B. Hamilton

..... Registrar

R-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289-21-0444-693

PLACE OF BIRTH

Amended 9/13/78

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 14823

No. —, — St.

Primary Registration District No. 2112

Registered No. 122

Hospital —

FULL NAME OF CHILD Edna May Shirts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	7 11 1913

FATHER		MOTHER	
FULL NAME	Robert B. Shirts	FULL MAIDEN NAME	Sarrah Williams
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Polk City, Iowa.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Arkansas
		OCCUPATION	H. Wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed July 14 1913 W R Hamilton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 12 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 8 9 51 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14823

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shirts (female) (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1913 (Date of Event)
in Weiser, Idaho (Washington) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edna May Shirts

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of September, 19 78

K. S. Bassett

Notary Public, residing at Woodinville

My commission expires December 27, 1979
(Seal)

Signed Ethel Shirts Silkett
(Signature of Any Credible Person) Sister

16948-126th Pl. S.E. Renton Wn. 98055
(Street Address, City, State)

FORM DN 60-155

CL 8/31/78 RUSH

Family Bible record gives namea Edna May born July 11,1913. viewed by V. S.

Attendence Scholarship record Weiser Highscool gives name as Edna Shirts born july ~~12~~ 1913 Graduated may 16, 1933. viewed by V.s.

SEP 15 1979.

1002

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653215-044-895

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Sunny-side

No. ..... St.

Hospital .....

Registration District No. 26 File No. 14824

Primary Registration District No. 2112 Registered No. 123

FULL NAME OF CHILD Iva Alberta Wells

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	4	Yes	7 15 1913

FATHER

FULL NAME: Dudley Wells

RESIDENCE: Sunny-side, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Pearl Hindman

RESIDENCE: Sunny-side, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Iowa

OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or still) at 12.15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 17 1913 W. R. Hamilton

Registrar

S-Y CO. 20174

Registrar

41.9-113.044.912

STATE OF IDAHO — Form
BUREAU OF VITAL STATISTICS

Registration District No. ____ File No. 14825

Primary Registration District No. 2114 Registered No. 124

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St. ____

Hospital ____

FULL NAME OF CHILD Donald H. Martin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	yes	July 13 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Radelphia H Martin	FULL MAIDEN NAME	Erma Olive Rash
RESIDENCE	Salubria	RESIDENCE	Salubria
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hopper M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 1st 1913 M. R. Hamilton Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-14-41 U. S.

l States — tment of Commerce u of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

ACE OF BIRTH:
County Washington (b) City Cambridge
Street Address or R.F.D. No. — —
Name of Hospital or Maternity Home:
Delivery at home.
Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho. (b) County Washington
(c) City Cambridge.
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 12 yrs
(f) Mother's mailing address Cambridge, Idaho.
3. RESIDENCE of FATHER (city, state) Cambridge, Idaho.

ULL NAME CHILD Donald-H Martin.

5. Date of Birth (Month, day, year) July 13, 1913

x Male

7. Twin or Triplet Twin. If so—born 1st, 2nd, 3rd First.

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

ULL AME Radolphus Herbert Martin.
lor Race White.
12. Age at time of THIS birth 21 yrs.
rthplace Salubria (City or town) Idaho. (State or foreign country)
:act cupation Farmer.
dustry or siness Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Erma Olive Rash
17. Color or Race White.
18. Age at time of THIS birth 21 yrs
19. Birthplace Powersville, Missouri. (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business — —

me prophylactic used to prevent Ophthalmia Neonatorum ~~Not known.~~ 20% Argyrol
mber of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living One
Born alive and now dead One (d) Stillborn None.

HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:35 P.M. on the date
d at the place stated above, and that personal particulars were furnished by Erma Martin (First name) (Last name), who is
ated to this child as Mother (Mother, etc.)

(Date received) (b) (Registrar's signature)

ven name added on by (Registrar's signature)

25. Attendant's **OWN** signature S. Hopper M.D. (D.O., Midwife, etc.)
and address Hazelton Date 6-2-41

of } ss.
of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

, being first duly sworn, say that I am (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate
s above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended
rth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature
P. O. Address

oscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-113-044-912

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 14826

Primary Registration District No. ____ Registered No. 125

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	Boy 2, Girl	yes	7 13 1913

FATHER		MOTHER	
FULL NAME	Randolph H Martin	FULL MAIDEN NAME	Erma Olive Rush
RESIDENCE	Salubria	RESIDENCE	Salubria
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Hopkins M D

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Cambridge Ida

Filed Aug 1st 1913 W. R. Hamilton

Registrar

S-Y CO. 20174

455-21-1044-434

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

14827

County of Washington

City of Cambridge Registration District No. 26 File No.

No. St. Primary Registration District No. 2144 Registered No. 126

Hospital

FULL NAME OF CHILD [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	7 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry J Devaney	Edyth M McDonald
RESIDENCE	Cambridge Ida	Cambridge Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Minnesota	Ark
OCCUPATION	Lawyer	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Hopkey MD (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 14 1913 M R Hamilton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY: WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Removed childs name "STILLBORN"
not a stillborn per death and birth

SYK.124-OYK.942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 24 File No. 14828

Primary Registration District No. 2114. Registered No. 127

FULL NAME OF CHILD MERLE JULIUS EDMUNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7/24/1913

FATHER		MOTHER	
FULL NAME	Julius B Edmunson	FULL MAIDEN NAME	Ester M Rush
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1st 1913 M. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. *In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UNITED STATES OF AMERICA } ss.
County of TERRITORY OF ALASKA }

Certificate No. 14828

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 24th, 1913. (DATE OF EVENT)
in Salmubia, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Edmunson	Merle Julius Edmunson

Subscribed and sworn to before me this 19th
day of May 1942

Notary Public, residing at Anchorage, Alaska.
My commission expires Sept 15th 1944.
(SEAL)

Signed Julius B Edmunson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Palmer, Alaska.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UNITED STATES OF AMERICA } ss.
County of TERRITORY OF ALASKA }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of May 19 42

Notary Public, residing at Anchorage, Alaska.
My commission expires Sept 15th 1942.
(SEAL)

Signed H H Porter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4th & H Sts Anchorage Alaska
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 29 1942

SEP 3 1943

296-225-04K-319

PLACE OF [illegible]

County of Wash

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14829

Primary Registration District No. 2114 Registered No. 125

FULL NAME OF CHILD Dorothy Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	July 25 1913

FATHER

FULL NAME Leonard L Brown

RESIDENCE Cambridge

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wash

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Iva M Laing

RESIDENCE Cambridge

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Wash

OCCUPATION H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Hopper M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 1st 1913 M. K. Hamelin

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Name)

9

312-12610424253

Form V.S. No. 15-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 14830

Primary Registration District No. 2114 Registered No. 129

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 26 1913

FATHER		MOTHER	
FULL NAME	Stacy C Cable	FULL MAIDEN NAME	Aletha A Beck
RESIDENCE	Cambridge Missouri	RESIDENCE	Camb
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Hostetter MD (Physician or midwife)

Address Cambridge Colo

Given names added from a supplemental report

..... 19.....

Filed Aug 14 1913 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. H-C -20m-8-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

763.104.OAK.314

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 14831

Primary Registration District No. 2113 Registered No. 130

FULL NAME OF CHILD Alva Owen Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	July (Month) 4 (Day) 1913 (Year)

FATHER

FULL NAME Eugene Cuspin Potter

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Lula Mae Carpenter

RESIDENCE Midvale Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Oregon

OCCUPATION House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) F. A. Schmidt

Physician

(Physician or midwife)

Address Midvale Idaho

Filed July 4 1913 F. A. Schmidt Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

614-1131 04K286

Form V. S. No. 11-C—20m-2-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. .....

File No. 14832

Primary Registration District No. 211 3

Registered No. 131

FULL NAME OF CHILD James Alda Wade

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	July 17 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME W M S Wade	FULL MAIDEN NAME Carissa Shook
RESIDENCE Crane	RESIDENCE Crane Ida
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Michigan	BIRTHPLACE MO
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician

(Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 23 1913 F A Schmitz Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 23, 1941. E.W.

316-124-00

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Barber

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 14833

Registered No. 3

FULL NAME OF CHILD Robert Lawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	June 24 1913

FATHER		MOTHER	
FULL NAME	Wm Lawson	FULL MAIDEN NAME	Nora Dunbar
RESIDENCE	Barber Ida.	RESIDENCE	Barber Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	electrition	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John Brock

(Physician or [redacted]wife)

Address Barber Ida

Filed 7-17 1913 M. S. Parker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BIRTH

JAN 27 1967

MAY 2 1973

522-202-0[illegible]616

PLACE OF BIRTH — name added 11/6/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible]-0-1[illegible]

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. _____ File No. 14834

No. Holcomb School Dis. Primary Registration District No. _____ Registered No. 4

Hospital _____

FULL NAME OF CHILD John Raymond Eskeldson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	July 2 19[illegible]

FATHER		MOTHER	
FULL NAME	John Eskeldson.	FULL MAIDEN NAME	Florence Fawks.
RESIDENCE	Holcomb School Dis.	RESIDENCE	Holcomb School Dis.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35. (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	H W

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR [illegible]*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9.30 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John Burk

(Physician or [illegible])

Address [illegible]

Filed 7-17 1913 M S Parker Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 4 1979
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 14834
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Eskeldson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 2, 1913 (Date of Event)

in Boise, (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	John Raymond Eskeldson

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant
3446 45th St., Salem, Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October, 1979.

Notary Public, Linda C. Gertenrich
Residing at LINDA C. GERTENRICH NOTARY PUBLIC-OREGON
My commission expires My Commission Expires 1-25-83
(Seal)

Faith Anne Rice
Supporting Signature
3740-45th Ave N.E. Salem, Oreg.
Street Address, City, State

Famly Bible record gives name as John Raymond Eskeldson born July 2, 1913 at Boise Idaho. married June 7, 1938 to Lucile King. viewed by V. S.

NOV 9 1979

Application to Equitable Life Assurance Co. gives name as John R. Eskeldson born July 2, 1913. dated June 25, 1958. viewed by V. S.

155-105-001-538

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 3 Mi N.W. Boise Registration District No. File No. 14835

No. Foot Hill Road

Primary Registration District No. Registered No. 5

Hospital

FULL NAME OF CHILD Chas. Allen Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male	—	—	yes	July 5

FATHER		MOTHER	
FULL NAME	Allen Jensen	FULL MAIDEN NAME	Minnie Ethel
RESIDENCE	Foot Hill Road 3 miles from Boise	RESIDENCE	Foot Hill road
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Taylor M.D.
(Physician or Midwife)

Address Boise Idaho

Filed 7-17-1913 M S Parker
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 7 1975

367-114001-438

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Park St.

Hospital

Registration District No. ____ File No. 14836

Primary Registration District No. ____ Registered No. 6

FULL NAME OF CHILD Clarence Woodrow Poggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				7 - 14 - 1913

FATHER	MOTHER
FULL NAME James Clarence Poggan	FULL MAIDEN NAME Nettie McQuinton
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Colorado
OCCUPATION Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Dallman MD

(Physician or midwife)

Address Boise

Given names added from a supplemental report

..... 19.....

Filed 7-17 1913 M. S. Parker

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1968

259-101-001-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Ada

City of

No Boundary Addition Street

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. File No. 14837

Primary Registration District No. Registered No. 7

FULL NAME OF CHILD Harold Gothard Gerlach

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M	—	—	Yes	July 14, 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William V. Gerlach	FULL MAIDEN NAME Hattie A. Fellows
RESIDENCE Boundary Addition	RESIDENCE Boundary Addition
COLOR W AGE AT LAST BIRTHDAY 42 (Years)	COLOR W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Yerkey, Physician

(Physician or Midwife)

Address Boise Idaho

Filed 7-11 19 13 M S Parker Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

STAR - YORK CO., PTRS. & RDRS. 17626

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

(County of)

BERTSCH

Dupcy 1913. 63161

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Ada

City of Boise

No ....., R D - N 04 St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No ..... File No. 14838

Primary Registration District No ..... Registered No. 8

FULL NAME OF CHILD Quinton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	July 10 1913

FATHER

FULL NAME Guy A. Douglass

RESIDENCE Boise R D N 04

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Rose Elva Baem

RESIDENCE Boise R D N 04

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Boise Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St

Given names added from a supplemental report

....., 19.....

Filed 7-26 1913 M. S. Parker

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Appl 1913-297933

NOT

350-101-001-238.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. R. F. D. St.

Hospital ×

Registration District No. ____ File No. 14839

Primary Registration District No. ____ Registered No. 9

FULL NAME OF CHILD Fredrick Herman Lewis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	×		×	yes	July 1 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME H. H. Lewis	FULL MAIDEN NAME Amelia Schaffel
RESIDENCE Kuna R F D	RESIDENCE Kuna R F D
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mich	BIRTHPLACE Ohio
OCCUPATION Stationary Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-26 19 13 M. S. Parker

Registrar

.....

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 14839

JAN 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Fredrick Herman Lewis (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 1, 1913 (DATE OF EVENT) in Kuna, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Doctors record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Fredrick Herman Lewis

Subscribed and sworn to before me this 9th day of January, 1942.

Notary Public, residing at Boise

My commission expires Jany 31- 1943.
(SEAL)

Signed Amelia R Lewis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

400 Pinney Building
(STREET ADDRESS)
Boise, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1942.

Notary Public, residing at Boise

My commission expires Jany 31-1943.
(SEAL)

Signed William J Connor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1800 Harrison Blvd. Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 10 1942 By
(REGISTRAR'S SIGNATURE)

JAN 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, of order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Dry Creek St.

Hospital

School Dist No 4

Registration District No.

File No. 14840

Primary Registration District No.

Registered No. 10

FULL NAME OF CHILD Humphrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	July	22	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy B Humphrey	Eugilia Eaton
RESIDENCE	Boise Ida	Boise Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward H Burt M.D.

Physician (Physician or midwife)

Address 208 Idaho Bldg.

Given names added from a supplemental report

....., 19.....

Filed 7-28 1913 WMS Parker

Registrar

Registrar

S-Y CO. 20174

Form V.S. No. U-C-2000-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

163-223-001-363

PLACE OF BIRTH

County of Ada

City of Sch. Dist. No 29

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. .....

File No. 14841

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 23 1913

FATHER		MOTHER	
FULL NAME	Charles A. Mills	FULL MAIDEN NAME	Ethel Cole
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Neb.
OCCUPATION	Stock man	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive at 8 A M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7-28 1913 M. L. Parker
Registrar

S-Y CO. 24655

413-131-001-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

~~City of~~ Wylie Station Registration District No. File No. 14842

No. St.

Primary Registration District No. Registered No. 12

Hospital

FULL NAME OF CHILD Wilbur R. Dotson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male			Yes	7 - 31

FATHER	MOTHER
FULL NAME: Leman Sylvester Dotson	FULL MAIDEN NAME: Cora May Roberts
RESIDENCE: Wylie Station	RESIDENCE: Wylie Station
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: Painter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Fallmann
phys
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-31 1913

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1967

IN RESERVED FOR BUILDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form No. 11-C—10m-8-7[illegible]

[illegible]

County of Ada

City of Boise

No 824 E Bannock

Registration District No 2

Primary Registration District No 1004

Hospital

CERTIFICATE OF BIRTH

File No. 14843

Registered No. 724

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	July 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Doerr	Maud J. Mueller
RESIDENCE	824 E. Bannock	824 E Bannock
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Ill	Ill
OCCUPATION	Lumberman	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Newby, Physician

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/10 1913 [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

STATE OF BIRTH

189-207-001-366

PLACE OF BIRTH

Ada

City of Boise

No. 919 Warm Springs Ave

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14844

Primary Registration District No. 1004 Registered No. 225

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
♂	—		—	Yes	July	7	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles R. Cypres	FULL MAIDEN NAME	Mable Conrad
RESIDENCE	919 Warm Springs Ave	RESIDENCE	919 Warm Springs Ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9-10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Lukey

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 7/10 19 13 M S Parker

Registrar

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

SHOULD BE PLAINLY WRITTEN WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. In case of twins or triplets a CERTIFICATE OF BIRTH must be made for each and the number of each, in order of birth, stated

PLACE STATE STICKER

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C (Rev. 8-71)

WHITE PAPER - ONLY WHITE PAPER ACCEPTABLE FOR RECORDING

In case of more than one child, attach additional sheet(s)

762-205-001-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 215 E Washington

Hospital St Lukes

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14845

Primary Registration District No. 1004 Registered No. 226

FULL NAME OF CHILD Vivienne Gobell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	July 5 1913

FATHER	MOTHER
FULL NAME Thelma Gobell	FULL MAIDEN NAME Vivien Roberts
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Florida
OCCUPATION Baker	OCCUPATION Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7—11 1913 M S Parker Registrar

S-Y CO. 24688

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
} ss.
County of .....

Certificate No. 4845

OCT 24 1945

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Vivienne Gobell
		Vivienne Gobell

Subscribed and sworn to before me this 6th day of October 1943

Laura Mixson

Notary Public, residing at Court House

My commission expires 4-3-44

(SEAL)

Signed Mrs. Vivienne Gobell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3095 S.W. 14 St. Miami Fla.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida

} ss.

County of Dade

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1943

Laura Mixson

Notary Public, residing at 1947 Mayo

My commission expires

(SEAL)

Notary Public, State of Florida at Large
My Commission Expires Nov. 22, 1943.

Signed Claude M Roberts

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2828 N W 22 St Miami Fla

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1411, N 14th St.

Registration District No. 2

File No. 14846

Primary Registration District No. 1004

Registered No. 227

Hospital

FULL NAME OF CHILD John McCarthy Rowoth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 8, 1913

FATHER		MOTHER	
FULL NAME	J. M. H. Rowoth	FULL MAIDEN NAME	Abigail McCarthy
RESIDENCE	1411 N 14	RESIDENCE	1411 N 14
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denver Colo.	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) L. S. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin

Filed 7-10 1913 M. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

BYMB - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

JAN 18 1943

Form V. S. No. 11-C—10m-8-43

235-22-004-213

[redacted]

STATE OF IDAHO — Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1410, N. 11½ St.

Hospital

Registration District No. 2 — File No. 14847

Primary Registration District No. 1004 — Registered No. 228

FULL NAME OF CHILD Lillian Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 28, 1913

	FATHER	MOTHER
FULL NAME	Clayton Stewart	FULL MAIDEN NAME: Lillian Bates
RESIDENCE	1410 N. 11½ St	1410 N. 11½ St
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	24 (Years)
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Brick Mason	Housework

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address .....

Filed 7-11 19 13 M. S. Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

618-229-001-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-12

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14848

No. 309-N-15th St.

Primary Registration District No. 1004

Registered No. 229

Hospital Holphouse

FULL NAME OF CHILD Gloria Louise Layman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 29 1913

FATHER	MOTHER
FULL NAME: Sylvester E. Layman	FULL MAIDEN NAME: Nellie M. Barker
RESIDENCE: 309 N- 15th Street	RESIDENCE: 309-N-15th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6/29 (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

Physician
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Filed 7-10 1913 M S Parker
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Engineer

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

Physician
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Filed 7-11 1913 M S Parker
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child

FEB 27 1957

APR 16 1971

012-218.001-462

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

State of Ada

City of Boise

No. 1219 Grove St.

Hospital

Registration District No. 2 File No. 14849

Primary Registration District No. 1004 Registered No. 230

FULL NAME OF CHILD Sheora Belocs, Olga Semerinis

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: 6 (Month) 18 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: J. V. Belocs	FULL MAIDEN NAME: Roberta Alma Mobley
RESIDENCE: 1219 Grove Street	RESIDENCE: 1219 Grove Street
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Prague, Austria	BIRTHPLACE: Boise, Idaho
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:20A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callistas

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-11-1913 M. D. Parker Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

APR 16 1971

693-222-001-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Fenton ave. Boundary

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14850

Registered No. 231

FULL NAME OF CHILD Mary L Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	6 22 1913

FATHER		MOTHER	
FULL NAME	Jno R Wilson	FULL MAIDEN NAME	Sophia Chandler
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ind	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Div.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7—11 1913 M S Parker
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. II-C-[illegible]-18-72

STATE OF IDAHO
[illegible]

PLACE OF [illegible]

613-101-001-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 109 W. Idaho St.

Hospital

Registration District No. 2

File No. 14851

Primary Registration District No. 1004

Registered No. 232

FULL NAME OF CHILD Philip Stern Falk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Henry L. Falk	FULL MAIDEN NAME	Lena Stern
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Boise	BIRTHPLACE	Boise
OCCUPATION	Merchant	OCCUPATION	Hwk.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

Physician (Physician or midwife)

Address

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-11 1913 M S Parker Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Ada

46-202-001-237

LACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

County of Ada

City of Boise

Registration District No. 2 File No. 14852

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 238

Hospital St. Lukes

FULL NAME OF CHILD Dorothy Elizabeth Dodge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	July 2nd 1913

FATHER	MOTHER
FULL NAME: L. N. Dodge	FULL MAIDEN NAME: Emily E. Schroeder
RESIDENCE: 1005 E. Franklin	RESIDENCE: 1005 E. Franklin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Montana
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report ____, 19____

Filed 7-12 1913 M. S.

Registrar

S-Y CO., 16670

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

DECEASED

291-124-001-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 5 St.

Hospital St. Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 14853

Primary Registration District No. 1004 Registered No. 234

FULL NAME OF CHILD WILLIAM [redacted] Bradford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 24 1913

FATHER

FULL NAME Burton Bradford

RESIDENCE 912 E. Jefferson

COLOR Wh AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Pa

OCCUPATION Lawy[illegible]

MOTHER

FULL MAIDEN NAME Catherine Salle

RESIDENCE 912 E. Jefferson

COLOR AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was born alive at [illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one which neither breathes nor shows other evidence of life after birth.

[illegible] S. Springer M.D.

(Physician or midwife)

Given names added from a supplemental report. [illegible]

....., 19[illegible]

7/17 1913 M.D.

Registrar

5-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 14853
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bradford	William Frederick Bradford

Subscribed and sworn to before me this 25th
day of September, 1941

Signed Mrs Kathryn Belle Bradford
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Los Angeles, Calif
My commission expires Jan 7th 1942
[SEAL]

1127 So. Fremont-Los Angeles. Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of September, 1941

Signed Burton P. Bradford
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Los Angeles, Calif
My commission expires Jan 7th 1942
[SEAL]

1127 So Fremont
(Street Address, City, State)
Los Angeles. Cal.

Received for filing on By
(Registrar's signature)

789-106-004-792

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-3 Rev. 1-1-38

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 523 S. 16th St.

Registration District No. 2

File No. 14854

Primary Registration District No. 1004

Registered No. 235

Hospital

FULL NAME OF CHILD James Benjamin Phipps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 6 1913

FATHER	MOTHER
FULL NAME John L. Phipps	FULL MAIDEN NAME Louise Pike
RESIDENCE 523 S 16th St	RESIDENCE 523 S. 16th St.
COLOR White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Mo.
OCCUPATION Laborer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Sprenger M.D.

(Physician or midwife)

Address Boise Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/17 1913 M S Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-111-001-251

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 504 Ash St. St.

Registration District No. 2 File No. 14855

Primary Registration District No. 1004 Registered No. 216

Hospital Casto

FULL NAME OF CHILD aldecoea

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Three	Yes	7 11 1913

FATHER		MOTHER	
FULL NAME	Castor Aldecoea	FULL MAIDEN NAME	Juana Beascoa
RESIDENCE	504 Ash St	RESIDENCE	504 Ash St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 M. on the date above stated.

(Signature) Fred A Sullenger

(Physician or midwife)

Address Falk Bldg Boise Idaho

Filed 7-17-1913 M. L. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

318-107-001-769

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1313 E Franklin St.

Hospital

Registration District No. 2

File No. 14856

Primary Registration District No. 1004

Registered No. 237

FULL NAME OF CHILD Jay Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	7 7 1913

FATHER

FULL NAME John H. Jay Lee

RESIDENCE 1313 E Franklin

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Sarah Coup

RESIDENCE 1313 E Franklin

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

(Signature) Fred U Dillingham

(Physician or midwife)

Address Salt Body

Filed 7-17 1913 Mrs B Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

B-2-106-00-113

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 14857

No. 1017 Wash St.

Primary Registration District No. 1004

Registered No. 238

Hospital St. Luke's

FULL NAME OF CHILD Robert Edward Reich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	7-6-1913

FATHER		MOTHER	
FULL NAME	Clarence Percival Reich	FULL MAIDEN NAME	Mary Jacobs
RESIDENCE	510 Wash	RESIDENCE	510 - Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm F. Smith

(Physician or Midwife)

Address 510 Overland Bldg.

Filed 7-17 1913

M S Parker Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 10000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 10 1964

842-108-001-241

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1702 N 6 St.

Hospital

Registration District No. [redacted] No. 14858

Primary Registration District No. 1004 Registered No. 299

FULL NAME OF CHILD Boyd Harris Hubbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			L	July 8 (Month) (Day) 191[redacted] (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Hubbell	Pearl Smart
RESIDENCE	1702 N 6.	1702 N 6
COLOR	W.	W
AGE AT LAST BIRTHDAY	33 (Years)	33 (Years)
BIRTHPLACE	Wash	Cal.
OCCUPATION	Stockman	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) at 9.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacik

(Physician or Midwife)

Address Boise Ada

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-17-1913 M S Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

AUG 22 [illegible]

413-108-001-255

PLACE OF BIRTH AMENDED AUGUST 23, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1905 N. 10 St., St.

Registration District No. 2 File No. 14859

Hospital Primary Registration District No. 1004 Registered No. 240

FULL NAME OF CHILD Duncan Gillespie MacLellan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 8, 1913

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Archibald MacLellan	FULL MAIDEN NAME: Mary Kennedy
RESIDENCE: 1905 N. 10th	RESIDENCE: 1905 N. 10th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Scotland	BIRTHPLACE: Scotland
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) John Bocek

M. D.
(Physician or midwife)

Address Boise, Idaho

Filed 7-17-1913 M. S. Parker
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ADA }

Certificate No. 14859
Date Filed Aug 5/48

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(Birth or Death)
for Duncan Gillespie MacLellan (Name on Original Certificate) who was BORN (Was Born or Died) on 8 JULY 1913 (Date of Event)
in Boise IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BIBLE (Bible Record, Insurance Policy, Etc.) prepared on 8 July 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McClellan	Duncan Gillespie MacLellan
Surname	MacClellan	MacLellan
Father's Name	Archie McClellan	Archibald MacLellan

Subscribed and sworn to before me this 5th day of August, 1948

Notary Public, residing at Vancouver BC

My commission expires for life

(Seal)

Signed D. Gillespie MacLellan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

AUG. 27 1946

255·126·001-855

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1307 E. State St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14860

Registered No. 241

FULL NAME OF CHILD James E. Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			L.	June 24 1913

FATHER		MOTHER	
FULL NAME	Jarud Bennett.	FULL MAIDEN NAME	Fannie Henderson.
RESIDENCE	1307 E. State.	RESIDENCE	1307 E. State.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Geo.
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.45 A.M. on the date above stated.

(Signature) John Bacik

(Physician or Midwife)

Address Boise Ida

Filed 7-17 1913 W. S. Parker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 28 1942

236-110-04-264

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 925 E. Jefferson St.

Registration District No. 2 File No. 14861

Primary Registration District No. 1004 Registered No. 2-41 84

Hospital —

FULL NAME OF CHILD Henry Stoehr

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	July 10 1911

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William J Stoehr	FULL MAIDEN NAME Anna Bodendieck
RESIDENCE 925 E. Jefferson St	RESIDENCE 925 E. Jefferson St
COLOR W AGE AT LAST BIRTHDAY 33 (Years)	COLOR W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Bus Master	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3-45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Lukey, Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 7-18 1912 M. S. Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

819-117-001-3.18

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 605 So 15th St.

Registration District No 2 File No. 14862

Primary Registration District No. 1004 Registered No. 248

Hospital ———

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓		✓	Yes	July 17, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Grover C. Hartley	FULL MAIDEN NAME Nettie Lacy
RESIDENCE 605 So 15th	RESIDENCE 605 So 15th
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wyo	BIRTHPLACE Wyo
OCCUPATION Laborer	OCCUPATION Housewife
Number of child of this mother, including present birth 4	Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Kirkley

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 7-22 1913 M. L. Parker

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

81Y.218.0

PLACE OF B[redacted]AHO

Form V. S. No. 11-C—15m-6-20-11

...atistics

BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 14863

No. Cor. E. State & Wopler St. — Primary Registration District No. 1004 — Registered No. 714

Hospital Ward Lodge

FULL NAME OF CHILD Hazel N Hamilton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 18, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allan B. Hamilton	Grace Warren
RESIDENCE	Boise	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Nebraska	N. Dakota
OCCUPATION	Jobber - Wholesale	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on July 18 at 7 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nemmers

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-24 1913 M. S. Parker

Registrar

S-Y CO., 18670

cc 11-30-40 mp

155-013-001-969

PLACE OF BIRTH

[redacted] Form B. S. [illegible] Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1611 N. 12th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14864

Registered No. 245

FULL NAME OF CHILD Thelma Irene Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	7 13 13

FATHER	MOTHER
FULL NAME: David B. Jenkins	FULL MAIDEN NAME: Nellie Roice
RESIDENCE: 1611 N. 12th	RESIDENCE: same
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Sawyer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

(Signature) Fred A. Pettengill

Physician (Physician or midwife)

Address Falk Bldg.

Filed 7-24 1913 M. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL

CERTIFICATE O

PLACE OF BIRTH

County of

SEP 26 1960

JUL 29 1953

Amended Feb.7,1968

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 506 Ash Street

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

d. STREET ADDRESS (If rural, give location): 506 Ash Street

3. CHILD'S NAME (Type or print)

a. (First): Elisa b. (Middle): c. (Last): Aberasturi

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE X TWIN TRIPLET	1st 2nd 3rd	July 20 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Manuel b. (Middle): c. (Last): Aberasturi

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Spain	Sheepman	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Asuncion b. (Middle): c. (Last): Basabe

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
36 YEARS	Spain	3	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Fred A. Pittenger

19. ADDRESS: Falk Bldg.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE OTHER (Specify)

20. DATE SIGNED: July 24 1913

21. DATE REC'D BY LOCAL REG.: July 24,1913

22. REGISTRAR'S SIGNATURE: M. S. Parker

23. DATE ON WHICH GIVEN NAME ADDED BY Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

Was a standard serological test for syphilis performed? YES NO APPROXIMATE DATE

Use BLACK Record typewriter ribbon in completing this certificate. Address in the district where the birth occurred WITHIN 10 days after the date of birth of the child.
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Was a standard serological test performed?		
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	Was 1% Silver Nitrate Used to prevent blindness?
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	

FEB 7 1968

1-29-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 6 1968 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 14865

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Acherastvia (Name on Original Certificate) who was born (Was Born or Died) on July 20, 1913 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed Acherastvia	Elisa Aberasturi
father's name	Acberastvia	Aberasturi
mother's name	Asarompm Basabe	Marie Asuncion Basabe

Subscribed and sworn to before me this 2nd day of February, 1968.

Deborah W. Manwaring

Notary Public, residing at Boise, Idaho

My commission expires April 24, 1970

(Seal)

Signed Elisa Aberasturi by Asuncion (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Baptismal Record gives name of child as Elisa Aberasturi child of Manuel Aberasturi and Maria Ascunsion Basabe. Child born July 29, 1913 and baptized Aug 31, 1913 by Rev. Bernardo Arregui in the RomamCatholic Church.
Viewed by V. S.

Childs Baptismal record lists mothers name as Elisa Aberasturi. Child born Jan 8, 1936 and baptized Feb. 2, 1936 by Rev. Jos P. O'Toole, Roman Catholic Church.
Viewed byV.S.

Another childs certificate listed fathers name as Manual Aberasturi and mother's name as Asuncion Basabe. Child born May 11, 1921, # 89981.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Cor. Bestland & 3rd St. Registration District No. 2 File No. 14866

Hospital Primary Registration District No. 1004 Registered No. 247

FULL NAME OF CHILD Chas. Alvord Welton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Wm Welton	Clara Patchell
RESIDENCE	Cor 3rd & Bestland	Cor 3rd & Bestland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	New York	Pennsylvania
OCCUPATION	Lumber Grader	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. S. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin

Filed 7-24-1913 W. O. Hall
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form No. 11-C—10m-8-7-11

[redacted]

195-124-00[illegible]

PLACE OF BIRTH [illegible]

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Boise Registration District No. 2 File No. 14867

No. 811, Franklin St. Primary Registration District No. 1004 Registered No. 248

Hospital

FULL NAME OF CHILD Felicien Leon Arnould

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		—	yes	July 24th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Felicien C. Arnould	Alice B. Mabrat
RESIDENCE	811 Franklin St.	811 Franklin St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Belgium	France
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7.35 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-25-13

.....
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

412-119-001-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 509 So. 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7 File No. 14868

Primary Registration District No. 1004 Registered No. 249

FULL NAME OF CHILD Carl Raymond Masoner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 19 1913

FATHER		MOTHER	
FULL NAME	Fred R. Masoner	FULL MAIDEN NAME	Hattie Fairbanks
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-29 1913 M. L. Pan

Registrar

S-Y CO. 24655

Registrar

MAY 23 1967

155-22308-497

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Hawthorne School Dist.

Registration District No. 2 File No. 14869

No. St.

Primary Registration District No. 1004 Registered No. 250

Hospital

FULL NAME OF CHILD Jennings, Coral Mable

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 23 1913

FATHER		MOTHER	
FULL NAME	Thos. M. Jennings	FULL MAIDEN NAME	Susan Dixon
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Oregon
OCCUPATION	Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward H Benn MD

Physician
(Physician or midwife)

Address 208 Sonna Bldg

Given names added from a supplemental report

.....19.....

Filed 7-29-1913 M. S. Parker
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-5-18-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

914-125-001-799

PLACE OF BIRTH

County of Ada

City of Boise

No. Tent Broadway St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 14870

Registered No. 251

FULL NAME OF CHILD Wilson Joseph Ramsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			Yes	July 25 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Clyde H. Ramsey

RESIDENCE: Tent on Broadway

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Francis Grime

RESIDENCE: Tent on Broadway

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. July 25 at 6 P. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numans

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-29 1913

M L Parker
Registrar

8-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

863-118-00-255

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1309 Franklin St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14871

Registered No. 252

FULL NAME OF CHILD JAMES BERNARD Holden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James B Holden	Galena Kennedy
RESIDENCE	1309 Franklin St	1309 Franklin St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Colorado	Nebraska
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L Burris MD

Physician (Physician or midwife)

Address 208 Sonna Bldg

Given names added from a supplemental report

.....19.....

Filed 7-29 1913 M S Parker

.....
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 14871
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rose Green	Jane Bernard Holden

Subscribed and sworn to before me this 1st day of July, 19 47
Notary Public, residing at Boise
My commission expires 7/14/47
(Seal)

Signed James B. Holden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
..... (Street Address, City, State)

JUL 6 1944

799.225-001-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 610, So 15th St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 14872

Primary Registration District No 1004 Registered No. 253

FULL NAME OF CHILD Blanche Frances Griffin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)			Yes	July 25 1913

FATHER	MOTHER
FULL NAME Louis A Griffin	FULL MAIDEN NAME Ethel M Crawford
RESIDENCE 610 So 15th	RESIDENCE 610 So 15th
COLOR W AGE AT LAST BIRTHDAY 30 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Colo	BIRTHPLACE Wyo
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Healey

Physicians (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-30 1913 M S Parker

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

Form V. S. No. U-C—10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

OCT 23 1942

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Ash St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14873

Registered No. 254

FULL NAME OF CHILD ~~Benjamin~~ Benj O Thomas Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 30 1913

FATHER		MOTHER	
FULL NAME	~~Benjamin~~ Benj O Thomas	FULL MAIDEN NAME	Christina Peterson
RESIDENCE	Ash St Boise	RESIDENCE	Boise
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Investor	OCCUPATION	Nurse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Allen

207 N. Carey Building

(Physician or Midwife)

Boise

Address

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 7-31 1913, M. S. Porter
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 13 1950

943-229-001-963 ADDED CHILD'S NAME 5-1-96 MS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1220 Idaho *St.*

Hospital

Registration District No. 2

Primary Registration District No 1004

File No. 14874

Registered No. 955

FULL NAME OF CHILD MARGUERITE SARAH RULAND

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 29 1913

FATHER	MOTHER
FULL NAME Harold S. Ruland	**FULL MAIDEN NAME** Delphia Rolfe
RESIDENCE 1220 Idaho St, Boise	**RESIDENCE** 1220 Idaho St. Boise
COLOR White	**COLOR** White
AGE AT LAST BIRTHDAY 27 (Years)	**AGE AT LAST BIRTHDAY** 21 (Years)
BIRTHPLACE New York	**BIRTHPLACE** Utah
OCCUPATION Cartoonist	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. Tallman

Phys (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-30-19 C. S. Galen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C-20m-8-55

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ADDED CHILD'S NAME 5-1-95 MS

PLACE OF BIRTH

JAN 2 9 1975

3-18-96

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
96 APR 18 AM 6:42

State of OREGON
County of JACKSON } ss.

Certificate No. 14874
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED RULAND (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 29, 1913 (Date of Event)

in BOISE (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED RULAND	MARGUERITE SARAH RULAND

OFFICIAL SEAL
JULIANN L. HOFMANN
NOTARY PUBLIC — OREGON
COMMISSION NO. 034531
MY COMMISSION EXPIRES JULY 12, 1998

Subscribed and sworn to before me this 15th day of April, 19 96.

Notary Public, Julieann L. Hofmann

Residing at MEDFORD, OREGON

My commission expires 7-12-98

(Seal)

x Margie Roberta Lavletta
Signature of Applicant

x 507 Armando Avenue
Street Address, City, State

Redding, CA 96003

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAY 0 1 1995

STATE OF NEW HAMPSHIRE BIRTH CERTIFICATE SHOWS MARGIE ROBERTA STRADER BORN FEB. 5, 1937 IN PORTSMOUTH HOSPITAL TO ROBERT STUART STRADER AND MARGUERITE SARAH ROULAND VIEWED VS.

CERTIFICATE OF BAPTISM SHOWS THAT MARGUERITE SARAH RULAND WAS BAPTIZED APRIL 4, 1926 AT THE METHODIST EPISCOPAL CHURCH IN OREGON VIEWED VS.

CERTIFICATE OF MARRIAGE FROM THE STATE OF WASHINGTON SHOWS ROBERT STRADER AND MARGUERITE RULAND WERE MARRIED OCT. 24, 1935 VIEWED VS.

319-131-001-355

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1417 Warm Springs St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 14875

Registered No. 1156

FULL NAME OF CHILD MELVIN MYRLE CARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 – 31st – 1913

FATHER	MOTHER
FULL NAME: Samuel H. Carter	FULL MAIDEN NAME: Pearl S. Teed
RESIDENCE: 1417 Warm Springs, Boise	RESIDENCE: 1417 Warm Springs, Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: North Dakota
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Fallman MD

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7 – 30 19 13

M. S. Parker
Registrar

B-Y Co. 12874

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of King

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Melvin Myrle Carter (Name on original certificate) who was born (Was born or died) on July 31, 1913 (Date of event)
in place of July 30th, 1913 and (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family History & Diary (Bible record, insurance policy, etc.) prepared on happening of event from 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Melvin Lyrle Carter	"son"	Melvin Myrle Carter
	July 30, 1913	July 31, 1913

Subscribed and sworn to before me this 16th day of March, 1942

George L. Hull

Notary Public, residing at Seattle

My commission expires Jan. 19, 1946

[SEAL]

Signed Mrs. Pearl Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Mrs. Pearl Brown, 4758 14th S. W. Seattle
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of King

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1942

George L. Hull

Notary Public, residing at Seattle

My commission expires January 19, 1946

[SEAL]

Signed Melvin Myrle Carter
(Signature of any credible person other than the previous affiant)

Melvin Myrl Carter, 4758 14th S.W. Seattle
(Street Address, City, State)

Received for filing on MAR 19 1942 by
(Registrar's signature)

MAY 8 1945
MAR 2 4 1942

81X-125-039849

PLACE OF BIRTH

County of Power

City of American Falls

No. Bethany Hospital St.

Hospital Bethany

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 14876

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Glenn Donald Hammer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 25 1913

FATHER	MOTHER
FULL NAME Glenn Hammer	FULL MAIDEN NAME Irma Hurt
RESIDENCE American Falls	RESIDENCE American Falls
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Washington	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine M. D.

(Physician or midwife)

Address American Falls, Ida.

Filed Aug 5-13 R. F. Nash Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

[redacted]

County of Power

City of Rogerson Idaho — Registration District No. [redacted] — File No. 14877

No. ____ St. — Primary Registration District No. 23 — Registered No. ____

Hospital Bethany Deaconess

FULL NAME OF CHILD Bertha Clare Dirks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Aug 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Dirks	Laura Brown
RESIDENCE	Aberdeen Idaho	Aberdeen Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	South Dakota	Washington
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cunningham MD
(Physician or midwife)

Address Aberdeen Idaho

Filed Aug 4 1913 R. F. Nock
Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Kellogg — Registration District No. 25 — File No. [redacted]

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward A. Schuh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	6 — 20 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adam A Schuh.	Lydia Rieb
RESIDENCE	Near Kelly Idaho	near Kelly Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 23	White / 30
BIRTHPLACE	Russia	Tyndal S. Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta C. Grayot

Midwife (Physician or midwife)

Address Kelly Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1 19 13 R. F. Nash Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1971

519-216-039-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 14879

Primary Registration District No. Registered No.

FULL NAME OF CHILD Anna Early

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	5—16—1913

FATHER	MOTHER
FULL NAME: Squires W. J. Early	FULL MAIDEN NAME: Martha C. Luman
RESIDENCE: near American Falls, Idaho	RESIDENCE: near American Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 35 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Delaware Co, New York	BIRTHPLACE: Talleys Bluff, Mo
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertie C. Grayot

midwife (Physician or midwife)

Address Keeley Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 12th 1913 R. F. Mock Registrar

.....
Registrar

8-Y CO. 20174

APR 11 1963

693-122-031-753

PLACE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-15-12

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 14880

Primary Registration District No. 2127 Registered No. 1

FULL NAME OF CHILD George Washington Wilks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	2-22- (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	George Wilks	FULL MAIDEN NAME	Alta Peck
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. Patterson

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Forest, Idaho

Filed 7-2-17-1917 Edward P. Rogers

.....
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

MAR 1 1 1975

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263106.03-812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

1 Mile City of North Winchester

No. Scully Place St.

Registration District No. 48 File No. 14881

Hospital

Primary Registration District No. 2127 Registered No. 2

FULL NAME OF CHILD Felix Albert Kotz Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 6 1913

FATHER		MOTHER	
FULL NAME	Felix A Kotz	FULL MAIDEN NAME	Jennie Hasenoehrl
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Germany	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hall-Lang Clinic

Physician

(Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-29- 1913 Ellen P. Rogers

Registrar

Registrar

6Y105 - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JAN 28 1953

(54114-03-343

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 14882

Primary Registration District No. 2127 Registered No. 9

FULL NAME OF CHILD John Gottfried Anderson Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7-14-1913

FATHER	MOTHER
FULL NAME: Jno. Gottfried Anderson	FULL MAIDEN NAME: Phebe Agnes Tucker
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Mont.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 7-14-1913 Elbert B. Rogers Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C--20m-5-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

25K123:031-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Registration District No. 48 File No. 14883

Primary Registration District No. 2127 Registered No. 5-

FULL NAME OF CHILD Percy Walter Kemp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	7-23-13

FATHER		MOTHER	
FULL NAME	Percy Kemp	FULL MAIDEN NAME	Alice Ann Price
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Sheep-man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen D. Rogers

Physician (Physician or midwife)

Address Weiser

Given names added from a supplemental report

..... 19.....

Filed 7-27-1913 Ellen D. Rogers

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-119-07-396

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 14884

Primary Registration District No. 2127 Registered No. 4

FULL NAME OF CHILD James Cochran Schneberger

Sex of Child: Male

(Twin, Triplet or other?) and (Number in order of birth) (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 7 (Month) 19 (Day) 17 (Year)

FATHER	MOTHER
FULL NAME: Geo A. Schneberger	FULL MAIDEN NAME: Maggie Crowdell
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Neb.
OCCUPATION: Manager Pool Room	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elliott P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-27-1917 Elliott P. Rogers Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-15-41.

CERTIFICATE OF BIRTH

File No.

281-026-031-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48 File No. 14885

No. ..... St.

Primary Registration District No. 2127 Registered No. 6

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	7-26-1913

FATHER		MOTHER	
FULL NAME	John J. Hennessy	FULL MAIDEN NAME	Ella May Leadville
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Michigan	BIRTHPLACE	Wisc
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen F. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-26-1913 Ellen F. Rogers

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

613.226-07-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 48 File No. 14886

No. St. Primary Registration District No. 2127 Registered No. 7

Hospital

FULL NAME OF CHILD Jennie Elizabeth Walford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	7-26-1913

FATHER		MOTHER	
FULL NAME	Wm J. Walford	FULL MAIDEN NAME	Belle Panther
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

(Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-9- 1913 Elton P. Rogers

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Rupp of 1913 - 294639

28-097-85-2

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester — Registration District No. 48 — File No. 14887

No. ____ St. — Primary Registration District No. 2127 — Registered No. 8

Hospital ____

FULL NAME OF CHILD Rowland Charles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7-28-1913

FATHER		MOTHER	
FULL NAME	J. R. Watters	FULL MAIDEN NAME	Olive G. Hestor
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elliott P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 7-29-1913 Elliott P. Rogers Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. IJ-O-80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NOV 2 8 1988

319-28-018-794

PLACE OF BIRTH

County of Clearwater

City of Cavendish

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 14888

Primary Registration District No. 2168 Registered No. 43

FULL NAME OF CHILD Del Dolan Carver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	Yes	Jan 28 1913

FATHER		MOTHER	
FULL NAME	John A. Carver	FULL MAIDEN NAME	Lora Crutchfield
RESIDENCE	Cavendish	RESIDENCE	Cavendish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Shuebruck M D

(Physician or midwife)

Address Cavendish Idaho

Given names added from a supplemental report

..... 19.....

Filed 2/1 1913

J. M. Davidson
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUL 3 1942

493217-018-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Reek

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 90 File No. 14890

Primary Registration District No. 2168 Registered No. 455

FULL NAME OF CHILD Verle Loretta Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	yes	4-17-13

FATHER	MOTHER
FULL NAME Harvey Franklin Miller	FULL MAIDEN NAME Ida Matilda Fruttero
RESIDENCE Reek	RESIDENCE Reek
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wash	BIRTHPLACE Wash
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle MD

(Physician or Midwife)

Address Reek

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1913 J. M. Tinsley

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

AUG 1 2 1952

366-105-018-295

PLACE OF BIRTH

County of Nezperce

City of Orofino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 14891

Primary Registration District No. 7168 Registered No. 46

FULL NAME OF CHILD Wendell Vane Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 5 1913

FATHER		MOTHER	
FULL NAME	Geo. D. Cook	FULL MAIDEN NAME	Eliza Breaky
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Bricklayer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ✓

✓ (Physician or midwife)

Address ✓

Given names added from a supplemental report. .....19.....

Filed July 31 1913

.....Registrar

J. M. Daily Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(Usually ci

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155-202-018-293

PLACE OF BIRTH

County of Yavapai

City of Prescott

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 14892

Primary Registration District No. 2168 Registered No. 47

FULL NAME OF CHILD Lorene Dorothy Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	Andrew Jensen	FULL MAIDEN NAME	Annie Littleson
RESIDENCE	Prosper Idaho	RESIDENCE	Prosper, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at — M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address —

Filed July 31 19____ J. M. Faust Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Orofino

Registration District No. 90

File No. 14893

No. ____ St.

Primary Registration District No. 2168

Registered No. 48

Hospital ____

FULL NAME OF CHILD Sue Amy Hoar

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: July 5 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Blair E. Hoar	FULL MAIDEN NAME: Amy B. Dustin
RESIDENCE: Orofino, Ida	RESIDENCE: Orofino, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: N. B.	BIRTHPLACE: N's
OCCUPATION: Co. Treasurer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarland

Physician

(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

....., 19....

.....
Registrar

Filed Aug 1 1913

J. McFarland
Registrar

S-Y CO. 24658

Orr. Baby Book, appears old and unaltered, gives full name as Sue Amy Hoar, born Saturday, Afternoon at 6:30, July 5, 1913 at Orofino, Idaho, weighing 7 lbs & 8 oz. - viewed by V.S. Cradle Rodd Certificate, Methodist Sunday School, enrolled April 29, 1914 gives full name as - Amy Sue Hoar, born July 5, 1913 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Cert. Copy of Own Child's Birth Cert., copy issued Sept. 28, 1962, State of Washington,

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. County of King

Certificate No. 11893

Date Filed viewed by V.S.

child born Oct. 11, 1941 at Seattle, Washington to Roland Willis Dickinson, age 29, born at Seattle, Washington and Sue Amy Hoar, age 28, born at Orofino, Idaho

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1913 (Date of Event)

in Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Sue Amy Hoar

Subscribed and sworn to before me this 20th day of September 19 62

Notary Public, residing at Renton

My commission expires 3/14/64

(Seal)

Signed Laura M. Hoar

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

12629 - Standinghone S.W.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss. County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September 19 62

Notary Public, residing at Renton

My commission expires 3/14/64

(Seal)

Signed Leslie E. Hoar

(Signature of Any Credible Person)

12629 - Standinghone SW Seattle Wash

(Street Address, City, State)

FORM DPH 55.155

1 copy pd.

OCT 2 196

331-209108-485

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 14894

No. ..... St.

Primary Registration District No. 2168 Registered No. 49

Hospital .....

FULL NAME OF CHILD Josie Ethel Clark.

Sex of Child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	+		X	Yes	July	9	191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Scott Clark.	FULL MAIDEN NAME	Lettie Myers
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Woodsman	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ele W Horswell

Physician

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 1 1911 J. M. Fairley

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] OF BIRTH

County of

Dr. Stanley

D

731-226-018-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Gilbert

No. _____ St.

Hospital _____

Registration District No. 90 File No. 14895

Primary Registration District No. 2168 Registered No. 50

FULL NAME OF CHILD Verna Irene Plank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 26 1913

FATHER		MOTHER	
FULL NAME	Sam Plank	FULL MAIDEN NAME	Retha Miller
RESIDENCE	Gilbert, Ida	RESIDENCE	Gilbert, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Jacoby

Physician (Physician or midwife)

Address Grafton, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 1 1913 J. M. Jacoby Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

694209-018-319

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 14896

Primary Registration District No. 2168 Registered No. 51

FULL NAME OF CHILD Lela Tiddler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 9 1913

FATHER		MOTHER	
FULL NAME	William M Tiddler	FULL MAIDEN NAME	Bertha Carr
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	West Virginia
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 a. M. on the date above stated.

(Signature) Cecil W. Hosmer

(Physician or midwife)

Address Orofino Ida

Filed Aug 1 1913 J. M. Tandy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

455-226-029-653

PLACE OF BIRTH

County of Latah.

City of Princeton

No. ____, ____ St.

Hospital ____

[redacted]AHO

Bur[redacted]tatistics

Form V. S. No. 1[redacted]

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14897

Primary Registration District No. 2066. Registered No. ____

FULL NAME OF CHILD Vernieu Orvetta De Nune.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	June 26 1913

FATHER		MOTHER	
FULL NAME	James. N. De Nune.	FULL MAIDEN NAME	Lula A. Welch.
RESIDENCE	Princeton	RESIDENCE	Princeton.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 = Number of children, of this mother, now living, including present birth 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 10 30/ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. M. Cook.

M. D. (Physician or Midwife)

Address Princeton Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed July 22 1913

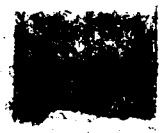
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH

Form V. S. No. 11-C 10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No. 15 File No. 14898

Primary Registration District No. 2066 Registered No. ____

FULL NAME OF CHILD Doris Lucile Gilbertson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem				Yes	June 27 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME O R Gilbertson	FULL MAIDEN NAME Emily Haugen
RESIDENCE Potlatch Idaho	RESIDENCE Potlatch
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Wis	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from clinic (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd M. D.

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 5th 1913. D. Jr. Thomas

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

285-130-029-343

PLACE OF BIRTH

County of Latah

City of

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No.

Registration District No 65 File No. 14899

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 30 1913

FATHER		MOTHER	
FULL NAME	John Byers	FULL MAIDEN NAME	Jannie May Cuthbert
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison M.D.

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed July 3 1913 E. J. Mawley Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(Specify of

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No.

9

315·105·029-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Princeton

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 14900

Primary Registration District No. 2145. Registered No. ____

FULL NAME OF CHILD ____ Carne, John Garth Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	Yes	May 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Carne	Matilda Miller
RESIDENCE	Princeton	Princeton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Princeton Oregon	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

(Physician or Midwife)

Address Princeton Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1 1913 Dr. J. M. [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V.S.

STATE OF IDAHO

PLACE OF BIRTH

OCT 15 1974

OCT 16 1974

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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CERT...

City of Potlatch

Registration District No. 65 File No. 14901

No. ..... ,

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elizabeth Watts.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓ (To be answered only in event of plural births)		✓	yes.	July 20 19...

FATHER		MOTHER	
FULL NAME	George F. Watts.	FULL MAIDEN NAME	Cecelia Ellen Boyle
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	44. (Years)	AGE AT LAST BIRTHDAY	38. (Years)
BIRTHPLACE	Wis-consin.	BIRTHPLACE	Wis-consin.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. M. Hunsaker M.D.

(Physician or Midwife)

Address Potlatch Idaho.

Given name added from a supplemental report

..... 19.....

Filed Aug. 5th 1913 D. J. M. Hunsaker Registrar

...Y CO., 16669 Registrar

[redacted]

[redacted]

213-118 1029-863

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S.

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 14902

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Gunnar Joseph Sateher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	June 18 1913

FATHER		MOTHER	
FULL NAME	John Sateher	FULL MAIDEN NAME	Marian Holt
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho

July 10th 1913 D. J. W. Thompson

Given name added from a supplemental report

..... 19.....

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1971

241-225-029296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Princetown

No. ____, ____ St.

Hospital ____

Registration District No. 65 File No. 14903

Primary Registration District No. 2145 Registered No. ____

FULL NAME OF CHILD Hazel Magdelene Smart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	July 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred L Smart	Minnie Brundige
RESIDENCE	Princeton Ida	Princeton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Efira Iowa	Harrison Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W McLeod

Physician (Physician or Midwife)

Address Princetown Idaho

Filed Aug 1 1913 J. Jn Thomas Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 2 6 1976

Dept # 1913 - 17314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-109-02R286

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Putlatch

No. Country St.

Registration District No. 65. File No. 14904

Hospital

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Maurice William McKown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 9 1913

FATHER

FULL NAME: Robert W. McKown.

RESIDENCE: Garfield Wn.

COLOR: W. AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Dora A. Short.

RESIDENCE: Garfield Wn.

COLOR: W. AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Mo

OCCUPATION: Housework.

Number of child of this mother, including present birth: 4 c. Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd. M. D.

(Physician or midwife)

Address Palouse Wn

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed July 15 1913 D. M. Thompson Registrar

S-Y CO. 24655

MAY 18 1949

JUN 16 1950

819-103-014-962

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 14906

No. 504 St.

Primary Registration District No. 1005 Registered No. 156

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 3 1913

FATHER		MOTHER	
FULL NAME	Joe Hanna	FULL MAIDEN NAME	Jane Roberts
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Ore
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Cole

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 10, 1913 John S. Meyer
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 3-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

HARRIS

DUP OF 1913-227917

168 294-014-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 14907

No. St.

Primary Registration District No. 2005 Registered No. 157

Hospital

FULL NAME OF CHILD Robert Allen Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 4 1913

	FATHER	MOTHER
FULL NAME	Roy A Johnston	Florence J Johnston
RESIDENCE	Caldwell	Caldwell Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Kans.	Ind.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 John A Meyer

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

595.106.01K-848

PLACE OF BIRTH

Canyon

City of Caldwell

No. ..... St.

Hospital No.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14908

Primary Registration District No. 1005 Registered No. 158

FULL NAME OF CHILD WILLIAM JENNINGS ELERICK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 6 1913

FATHER		MOTHER	
FULL NAME	C. K. Elerick.	FULL MAIDEN NAME	Pearl Hayton
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	whi6	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 12 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 - a M. on the date above stated.

(Signature) Dr. S. C. Miller (BM)

(Physician or midwife)

Address Caldwell Ida

Filed July 12 1913 John S. Meyers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

133.210:014-213

PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital No.

Registration District No. 3 File No. 14909

Primary Registration District No. 2005 Registered No. 159

FULL NAME OF CHILD Doris O. Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	7 – 10 – 1913

FATHER		MOTHER	
FULL NAME	Clark Allen	FULL MAIDEN NAME	Alice Baldock
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (BM)
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed July 12 1913 John S. Meyer Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

6-29-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14909

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Baby Allen (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1913 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Doris O. Allen

Subscribed and sworn to before me this 29th day of June, 1970

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Alice M. Allen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2341 Pleasant St Baker, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

JUN 2 9 1970

Own childs birth certificate on file in State of Oregon, # 7414 gives name of mother as Doris O. Allen. Child born Oct. 9, 1945
Viewed by V.S.

Marriage Certificate gives name of bride as Doris O. Allen. Married Feb. 2, 1935 in Baker, Oregon. T. P. Casey, Rector at St. Francis, Cathedral.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

BUREAU OF [illegible]

CERTIFICATE OF BIRTH

County of Canyon 966-12-1914-386

City of Caldwell

Registration District No. 3 File No. 14910

No. St.

Hospital Hos.

Primary Registration District No. 2005 Registered No. 160

FULL NAME OF CHILD Alfred Melvin Root

Sex of Child Male | Twin Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 12 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Joseph Wesley J. W. Root	FULL MAIDEN NAME Emma Lola Thornsar
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Saline Co. Kansas.	COLOR white
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE Spokane Co. Wash.
	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), on the date above stated, at 1 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 12 - 1913 John S. Inyer

Registrar

S-Y CO. 20174

Registrar

MAY 27 1952

United States Department of Commerce
Bureau of the Census

JAN 27 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 321

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Route #4
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county years 9 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Route #4
(e) How long has **MOTHER** lived in Idaho? 9 months yr
(f) Mother's mailing address (For registration notice): Route #4 Caldwell, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alfred Melvin Root

5. Date of Birth (Month, day, year) July 12, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Term

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Wesley Root

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Saline County, Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Emma Thompson

17. Color or Race White

18. Age at time of THIS birth 24 yr

19. Birthplace Spokane County, Washington
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2:00 A M. on the date

and at the place stated above, and that personal particulars were furnished by Joseph (First name) Root (Last name), who is

related to this child as Father (Mother, etc.)

26. (a) 1-26-42 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature S. J. Miller M.D.
S. J. Miller, M. D. D.O., Midwife, etc.
and address First National Bank Bldg. Long Beach, Calif. Date Jan 17, 1942

27. Given name added on ____ by ____ (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

No

(4) Signature of Physician:

S. J. Miller, M. D.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

65-2-113
014-263

NAME CHANGED BY COURT ORDER

County of Canyon

City of Caldwell Apr. 23, 1952

No. 808 Everett St. Registration District No. 3 File No. 11911

Hospital Primary Registration District No. 1005 Registered No. 161

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Paul Jay Weston
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 12, 1913

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Paul J. Smith	FULL MAIDEN NAME: Ethel Sullivan
RESIDENCE: 808 Everett St. Caldwell, Idaho	RESIDENCE: 808 Everett St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Wandina, Indiana	BIRTHPLACE: Omaha, Nebraska
OCCUPATION: Barber	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. N. Johnson
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 7-15-1913 192.. John S. Meyer
Registrar.

FILED
1952 APR 23 PM 3 08
NORMAN R. RIDDELL CLERK
KING COUNTY, WASH.
COPY

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

IN THE MATTER OF) NO. 445276

PAUL JOSEPH SMITH,) ORDER FOR CHANGE OF NAME

Petitioner)

THE ABOVE MATTER coming on regularly to be heard on the 23rd day of April, 1952, before this court, upon the petition of Paul Joseph Smith for change of name, the petitioner appearing in person and by his attorney, William C. Goodloe, and the court having examined on oath the petitioner touching the application and the said matter having been submitted to the court for decision;

And it appearing to the court that the allegations, matters and facts set forth in the said petition of Paul Joseph Smith for a change of name are true, and that the reasons assigned for such change are sufficient to authorize the making of an order changing the name of said petitioner from Paul Joseph Smith to PAUL JAY WESTON;

NOW, THEREFORE, it is ordered, adjudged and decreed that the petition of said Paul Joseph Smith be granted, and that the name of Paul Joseph Smith is hereby changed from Paul Joseph Smith to PAUL JAY WESTON, as prayed for in said petition.

DONE IN OPEN COURT this 23rd day of April, 1952.

CHESTER A. BATCHELOR

JUDGE

Presented by:

WILLIAM C. GOODLOE
Atty for Petitioner

STATE OF WASHINGTON, } ss.
County of King.

I, NORMAN R. RIDDELL, County Clerk of King County, and ex-officio Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original Instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle this 23 day of April, 1952

NORMAN R. RIDDELL, Clerk

By [signature]
Deputy Clerk

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Caldwell

No. R.F.D.#2 St.

Registration District No. 3 File No. 14912

Primary Registration District No. 2005 Registered No. 162

Hospital

FULL NAME OF CHILD William Guy Dunstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar William Dunstead	Evalina Williamson
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Ohio	Montana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelly

Physician (Physician or midwife)

Address Caldwell - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 15 - 1913 John S. Freyer

Registrar

S-Y CO. 20174

FEB 25 1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-116-016243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

Form [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14913

Primary Registration District No. 1005 Registered No. 163

FULL NAME OF CHILD William J. Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William L. Carter	Dora Sullinger
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Foley

Physician (Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 18 1913 John S. Meyer

Registrar

Registrar

* S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-118014-845

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital No.

Form V. S. No. 11-C—20m-8-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14914

Primary Registration District No. 2005 Registered No. 164

FULL NAME OF CHILD Russell H. Hunter Stark

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Stark	FULL MAIDEN NAME	Lora Hunter
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Bee man.	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. J. Miller

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 19 1913 John L. Meyer

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-118-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-1912

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

No. ..... St.

Hospital No.

Registration District No. 8 File No. 14915

Primary Registration District No. 2005 Registered No. 165

FULL NAME OF CHILD Carl M. Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	July 18 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben. Anderson	Gladys Mow.
RESIDENCE	Roswell	Roswell.
COLOR	white	white
AGE AT LAST BIRTHDAY	28 (Years)	21 (Years)
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. S. J. Miller

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

Filed July 19— 1913 Robt. Meyer

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-6-1941. dp

319-220-01X381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

Registration District No. 3 File No. 14916

Primary Registration District No. 2005 Registered No. 166

FULL NAME OF CHILD Helen Louise Carney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	July 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theodore Carney.	Sara Louise Charlton.
RESIDENCE	Caldwell.	Caldwell.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26.	23.
BIRTHPLACE	Missouri.	Missouri.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kelley

Physician (Physician or midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 25 - 1913 John S. Meyer

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 4 1942

PLACE OF BIRTH

(County of)

386-122-014-467

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 14917

Primary Registration District No. 1005 Registered No. 167

FULL NAME OF CHILD Sterman E. Thompson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	7 - 22 - 1913

FATHER		MOTHER	
FULL NAME	G. A. Thompson	FULL MAIDEN NAME	Lenora L. Gogle
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Carpenter.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (M.D.)
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

Filed July 29 1913 John L. Meyer
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 20 1950

(County of) _____

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 — File No. 14918

Primary Registration District No. 2005 — Registered No. 168

FULL NAME OF CHILD Dorothy Mae Miller DOROTHY MAE MILLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	7 - 22 - 1913

FATHER		MOTHER	
FULL NAME	J. GLENN Miller	FULL MAIDEN NAME	BELLE Coray Gobin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. M. Cole M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 22 1913 John L. Sawyer Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 1491 8
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dorothy Miller (Name on original certificate) who was born (Was born or died) on July 22, 1913 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 22, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Dorothy Miller	Dorothy Mae Millen
Name of Father	I. G. Miller	I. Glenn Millen
Name of Mother	Cora Belle Dotson Miller	as corrected

Subscribed and sworn to before me this 6th
day of October 19 41
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires Oct. 5, 1945
[SEAL]

Signed Cora Belle Dotson Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Caldwell, Idaho RFD 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October 19 41
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
[SEAL]

Signed Mrs. Myrtle L. Dotson
(Signature of any credible person other than the previous affiant.)
219 No. Kimball,
Caldwell, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

38-123014-SYS

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 703 Denver St., St.

Hospital ////////

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14919

Primary Registration District No. 2005 Registered No. 169

FULL NAME OF CHILD GEORGE CHAPPELL

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3d	Yes	7/23/13/ 191

FATHER	MOTHER
FULL NAME: Chappell, Richard	FULL MAIDEN NAME: Emory, Effie, L.
RESIDENCE: Caldwell Ida.,	RESIDENCE: Caldwell Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Nevada City Calif.	BIRTHPLACE: Sherman, Maine
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) Wm. M. Johnson

(Physician or Midwife)

Address Caldwell Ida

Filed July 23 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Coos }

Certificate No. 14919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for George Chapnell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 23, 1913 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by memory of facts (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Chappel	Chappell
Name	Unnamed	George Chappell

Subscribed and sworn to before me this 9th day of January, 19 43

Notary Public, residing at Bandon, Or.

My commission expires May 2, 1943
(SEAL)

Signed Mrs. Effie L. Chappell Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Bandon, Oregon.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 12 1943

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PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 14920

No. St.

Hospital No.

Primary Registration District No. 2005 Registered No. 170

FULL NAME OF CHILD Lawrence Nelson Gilman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	7-24-1913

FATHER		MOTHER	
FULL NAME	Joseph Hale Gilman	FULL MAIDEN NAME	Lulu Nelson.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hon. T. M. Cole (P. M.)

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 29 1913 John S. Meyer
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Lawrence Nelson (Birth or death) for Gilmans (Name on original certificate) who born (Was born or died) on July 24 - 1913 (Date of event) in Canyon Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Birth record (Bible record, insurance policy, etc.) prepared on July 24 - 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Lawrence Nelson	Gilmans	Laurence Nelson Gilman

Subscribed and sworn to before me this 15TH day of JULY, 1941.

John Hasko
Notary Public, residing at ALTADENA, CALIF.

My commission expires JANUARY 3 - 1945
[SEAL]

Signed Mrs Hale J. Gilmans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

267 Mt. View Rd. Altadena Calif
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of..... } ss.
County of..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....

My commission expires.....
[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

014653

[redacted] OF BIRTH

[redacted] Lamson.

City of Caldwell.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14921

Primary Registration District No. 2005 Registered No. 171

FULL NAME OF CHILD Ila Doris Taylor.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 27 1913.

FATHER		MOTHER	
FULL NAME	Frank Taylor	FULL MAIDEN NAME	Clara Adelia Wells.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Bailey.

Physician.
(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 4 1913 John S. Meyer.
Registrar

..... Registrar

8-Y CO. 20174

K

Form V. S. No. 11-C 40m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

1954

493-229-016-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible] 11-C—20m-2-15-2

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 14922

No. ____ St.

Primary Registration District No. 2005 Registered No. 172

Hospital No.

FULL NAME OF CHILD Ruby Marie Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	7-29-1913

FATHER		MOTHER	
FULL NAME	J. A. Miles	FULL MAIDEN NAME	Emily Miles
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Penn.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (13 M)

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Caldwell Ida

Filed July 31 1913 John S. Meyers Registrar

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 1492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for None (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1913 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Ruby Marie Miles

Subscribed and sworn to before me this 25th day of June, 1942

Notary Public, residing at Nampa, Idaho

My commission expires May 1, 1944

(Seal)

Signed Emilie G. Miles

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)

Parma, Idaho, Box 462

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 29 1943

APR 14 1976

313-070-014-769.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 14923

Primary Registration District No. 1005 Registered No. 173

FULL NAME OF CHILD Iona Grace Calkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	7 – 30 – 1913

FATHER		MOTHER	
FULL NAME	Chas. H. Calkins	FULL MAIDEN NAME	Adelia Gorton
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Cement man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (M.D.)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 John S. Meyer Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 3-38-52

STATE OF IDAHO

PLACE OF BIRTH

Certificate of Baptism, dated Palm Sunday, April 21, 1946, First Methodist Church, Vancouver, Washington gives full name as Michael George Allen, born June 25, 1941 at Vancouver, Wash. to George Ernest and Iona Grace Allen - viewed by V.S. Photo Copy of Page from Family Record, appears old and unaltered gives one full name as Iona Grace Calkins, born July 30, 1913 at Caldwell, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON
County of KING } ss.

RECEIVED
FEB 5 - 1964
Bureau of Vital Statistics

Certificate No. 14923

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Calkins (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record & birth certificate of son (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Calkins	Iona Grace Calkins

Subscribed and sworn to before me this 1st day of FEBRUARY, 19 64.
Notary Public, residing at SEATTLE
My commission expires Jan 23, 1965
(Seal)

Signed Ralph J Gay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of KING } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of FEBRUARY, 19 64.
Notary Public, residing at SEATTLE
My commission expires Jan 23, 1965
(Seal)

Signed Opal V Gay
(Signature of Any Credible Person)

9654 24th Ave SW Seattle 6, Wash
(Street Address, City, State)

FORM DH 60-155

FEB 18 1964

298 25-458

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C Rev.

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. _____ St.

Hospital _____

Registration District No. 10

Primary Registration District No. 2044

File No. 14924

Registered No. 368

FULL NAME OF CHILD Beulah Pearl Bryant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 20 1913

FATHER		MOTHER	
FULL NAME	Harvey W Bryant	FULL MAIDEN NAME	Effie A Meyers
RESIDENCE	Denver Idaho	RESIDENCE	Denver Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1913

Jesse L. Rains
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 16 1943

1960

JUL 22 1976

53-2701025-413

Aug 13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Whitebird

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 14925

Primary Registration District No. 2041 Registered No. 369

FULL NAME OF CHILD Edward Leura Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	July 27 19[illegible]

FATHER		MOTHER	
FULL NAME	Nels Nelson	FULL MAIDEN NAME	Elava Malmine
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR		COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician

(Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1913 Jesse L. Rasure

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

FEB 16 1942

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Aug 1 13

413-011025-695

PLACE OF BIRTH

Form V. S. No. 11-0—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Joseph

No ....., ... St.

Registration District No 10 File No. 14926

Primary Registration District No. 2041 Registered No. 390

Hospital .....

FULL NAME OF CHILD ~~Maud Mildred Mathewson~~ MURL MILDRED MATHEWSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	yes	June 11, 1913

FATHER		MOTHER	
FULL NAME	Ed L ~~Matthewson~~	FULL MAIDEN NAME	Hazel Belle Winter
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

(Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1913 Jesse L Rains

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota } ss.
County of Ramsey }

Certificate No. 14926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Merl Matthewson (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1915, (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on June 11, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Merl	Murl Mildred
Surname	Matthewson	Mathewson

Subscribed and sworn to before me this 4th day of May 1943

Edward R. White

Notary Public, residing at St. Paul, Minnesota

My commission expires EDWARD R. WHITE, Notary Public, Ramsey County, Minn. My Commission Expires Jan. 15, 1950.
(Seal)

Signed X Hazel B. Mathewson, nat. parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

273 E. 15th St., St. Paul, Minn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota. } ss.
County of Ramsey. }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of May 1943.

Edward R White

Notary Public, residing at St Paul, Minn.

My commission expires EDWARD R. WHITE, Notary Public, Ramsey County, Minn. My Commission Expires Jan. 15, 1950.
(Seal)

Signed Geo. McSherry
(Signature of Any Credible Person Other Than Previous Yeary)

273 E. 15th St.
(Street Address, City, State)
Saint Paul, Minn.

MAY 1 2 1943

165-22-025-238

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ida

City of Canfield

No ....., ... St.

Registration District No 10 File No 14927

Primary Registration District No 2041 Registered No 371

Hospital .....

FULL NAME OF CHILD Della Ruth Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			4	yes	Jan 21 191 3

FATHER		MOTHER	
FULL NAME	Oscar Jones	FULL MAIDEN NAME	Charlotte Schinn
RESIDENCE	Canfield	RESIDENCE	Canfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) W A Foskett

Physician

(Physician or Midwife)

Address Whitebird Ida

Filed Aug 10 1913 Jesse L. Rains

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Canfield

No ..... St. Registration District No 10 File No. 14928

Hospital ..... Primary Registration District No. 2041 Registered No. 372

FULL NAME OF CHILD Inez Zell Hockersmith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	yes	July 20 1913

FATHER

FULL NAME J Wesley Hockersmith

RESIDENCE Canfield Ida

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE —

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Myra Palmer

RESIDENCE Canfield Ida

COLOR White AGE AT LAST BIRTHDAY approximate 20 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

Filed Aug. 10 1913 Jesse L. Rann Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

Registrar

Dup of 1913-317550

HOCKER SMITH

16-21-025-296

PLACE OF BIRTH

County of Idaho

City of Lucile

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 14929

Primary Registration District No. 2041 Registered No. 373

FULL NAME OF CHILD Kathrine Elfers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	yes	July 19, 1913

FATHER		MOTHER	
FULL NAME	Henry Elfers	FULL MAIDEN NAME	Capitola Brock
RESIDENCE	Lucile	RESIDENCE	Lucile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 10 1913 Jesse L. Rains

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

IN CASE OF MORE THAN ONE CHILD AS BORN, A SEPARATE CERTIFICATE MUST BE MADE FOR EACH AND THE NUMBER of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

699-H7105-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ~~Lattonwood~~ Kenterville

Registration District No. ~~2042~~ 10

File No. 14930

No. ..... St.

Primary Registration District No. ~~10~~ 2042

Registered No. 374

Hospital Home

FULL NAME OF CHILD Hedwig Gertrude Frietch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	17	191

FATHER

FULL NAME: Joseph Frietch

RESIDENCE: Kenterville

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Glasendrof Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Brocks

RESIDENCE: Kenterville

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Karnap Germany

OCCUPATION: House wife.

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Lattonwood Ida.

Given names added from a supplemental report

..... 19.....

Filed July 25 1913

Jno. E. Rams Registrar

per Hilda Sub Reg

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

458 [redacted]

PLACE OF BIRTH

County of Idaho

City of Lottonwood

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-8-16-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 14931

Primary Registration District No. ~~2042~~ 2042 Registered No. 375

FULL NAME OF CHILD Angela Mary Meyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Nicholas Meyer	Katherine Fuchs
RESIDENCE	Lottonwood	Lottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Luxemburg Europe	Fleesingen Germany
OCCUPATION	Miller	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaley F. Orr M. D.

(Physician ~~or midwife~~)

Address Lottonwood Ida

Given names added from a supplemental report

..... 19.....

Filed July 25 19 13 Jane E. Ramsey Registrar

..... Registrar

per Mac

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form U.S. No. 10-C—20m-9-58-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 8 1962

MAY 14 1964

JUL 10 1964

813-129-025-547

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand Registration District No. Four 10 File No. 14932

No. ..... St. 2042 Primary Registration District No. ..... Registered No. 375

Hospital .....

FULL NAME OF CHILD Adelbert Antone Haener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	5	Yes	June 29 1913

FATHER		MOTHER	
FULL NAME	Emil Haener	FULL MAIDEN NAME	Kate Mutzall (Haener)
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ill
OCCUPATION	Merchant	OCCUPATION	Hsfe

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt
Physician
(Physician or midwife)
Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 7 1913 Jean L Ramm per TBR Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1957

278-225-025-253

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

Form V. S. No. 11-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 14933

Primary Registration District No. ~~2042~~ Registered No. 377

FULL NAME OF CHILD Irene Margaret Schaecher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theodore Frederick Schaecher	Katherine Beller
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	40
BIRTHPLACE	Henry Ill.	Ft. Madison Iowa
OCCUPATION	Pharmacist	Home wife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report

..... 19.....

Filed July 2nd 1913

John E. Ramsey Registrar
per Clerk

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FEB 27 1974

DECEASED

238-126-025-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-25-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. Dist 10 File No. 14934

Primary Registration District No. 2057 Registered No. 37

FULL NAME OF CHILD Bernhard William Schneider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June (Month) 26 (Day) 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Jacob Schneider	Susana Klappridge
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	35 (Years)
BIRTHPLACE	Switzerland	Bismarck Nor. Dak.
OCCUPATION	Farming	House wife.

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed July 2 19 13 Jesse L. Rees

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C-Rev. 6-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 18 1951

619-X3-025-755

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Precinct Registration District No. 10 File No. 14935

No. ____ St. Primary Registration District No. 2042 Registered No. 379

Hospital ____

FULL NAME OF CHILD John E Hastling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 13 1913

FATHER		MOTHER	
FULL NAME	O J Hastling	FULL MAIDEN NAME	Jennie E Gentry
RESIDENCE	Cottonwood Idaho	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	N C	BIRTHPLACE	N C
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children of this mother living, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X O. J. Hastling (Father)

(Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed July 16 1913

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—Rev. 5-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

243.127.025.516

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 10 File No. 14936

Primary Registration District No. 2042 Registered No. 380

FULL NAME OF CHILD Richard Kuther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 23, 1913

FATHER		MOTHER	
FULL NAME	Henry Joseph Kuther	FULL MAIDEN NAME	Rose Regina Kaw
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

..... 19.....

Filed July 30 1913

Jesse E. Rasmussen
per Blue
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

795.1201.025-363

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2442~~ 10 File No. 14937

Primary Registration District No. ~~2442~~ Registered No. 381

FULL NAME OF CHILD Willard Elbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 20, 1913

FATHER		MOTHER	
FULL NAME	Willard O. Greene	FULL MAIDEN NAME	Molly D. Cottrell
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nor. Carolina	BIRTHPLACE	Nor. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 a.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Turner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 30 1913 Jesse E. Rasure Registrar

per BHe

S-Y CO. 24688

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

3

695-22-25-865

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. Dist 10 File No. 14938

Primary Registration District No. 2047 Registered No. 387

FULL NAME OF CHILD Etta Alma Fredericks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	— and —	8th	Yes	July 22 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas E Fredericks	FULL MAIDEN NAME	Bessie C Donner
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed July 30 1913

Jno E Ramsey Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

454-225-025-532

Form V. S. No. 11-C—40m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Fenn

No. ..... St.

Hospital Home

Registration District No. 10 File No. 14989

Primary Registration District No. 7057 Registered No. 383

FULL NAME OF CHILD Helen Louise Reuter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	July 25 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl William Reuter	FULL MAIDEN NAME	Johanna Helen Eckermann
RESIDENCE	Fenn	RESIDENCE	Fenn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Schleswig Germany	BIRTHPLACE	Remsen Iowa
OCCUPATION	Meat Market Man	OCCUPATION	Home wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Ruby F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed July 31 1913 Jno. E. Ramey Registrar per Blake

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1976

DECEASED

242-227-075-235

PLACE OF BIRTH

Form V. S. No. 15-C 10m-8-15-28

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Fenn

No. ..... St.

Hospital Home

Registration District No. ~~207~~ 10 File No. 14940

Primary Registration District No. 7047 Registered No. 384

FULL NAME OF CHILD Julia Evalen Bussard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 27 1913

FATHER	MOTHER
FULL NAME Arthur Lewis Bussard	FULL MAIDEN NAME Rose Caroline Blessing
RESIDENCE Fenn	RESIDENCE Fenn
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Oxford Kans.	BIRTHPLACE Beaver Crossing Neb.
OCCUPATION Wagon Warehouse	OCCUPATION House wife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed July 31 19 13 Jesse E. Blake

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

JAN 2 2 1975

DECEASED

693-103 0 25 449

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Johns

No. ..... St.

Hospital .....

Registration District No. 2nd 10 File No. 14942

Primary Registration District No. 2043 Registered No. 385

FULL NAME OF CHILD Cecil Monroe Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July 3 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Wilson	FULL MAIDEN NAME	Hazel Murphy
RESIDENCE	Johns Ridge	RESIDENCE	Johns Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.
Physician
(Physician or midwife)

Address Kootenai - Idaho

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 J. M. Verbeck
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 2 6

Amended 1-24-57

PLACE OF BIRTH

-243-202024-393

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 11943

Primary Registration District No. 2018 Registered No. 44

FULL NAME OF CHILD Lucille Annee Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				March 2 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lester L. Butler	FULL MAIDEN NAME	Ada L. Little
RESIDENCE	Blanche, Idaho	RESIDENCE	Blanche, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, M. D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed ..... 1922 F. T. Carey JWS Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding

Certificate No. 14943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butler (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1913 (Date of Event)
in Gooding, Idaho (Place of Event) Driver's License issued April 3, 1955 State of Idaho are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on March 2, 1919. 482324 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Lucille Annee Butler
Birthdate	April 3, 1913	March 2, 1913

Subscribed and sworn to before me this 4 day of Feb 1956

Notary Public, residing at Gooding Ida
My commission expires July 28 1957
(Seal)

Signed Lester L. Butler.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

713 Calhoun (Street Address, City, State) Gooding Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Feb. 1956

Notary Public, residing at Gooding Ida
My commission expires July 28, 1957
(Seal)

Signed J. H. Emmett M.D.
(Signature of Any Credible Person)

306 Calhoun St
(Street Address, City, State) Gooding Ida

FORM DPH 55.155

DEC 11 1950

393-11-4-5-4-1-42

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 5 File No. 14944

Primary Registration District No. 2018 Registered No. 40

Hospital

FULL NAME OF CHILD Roy Lee Rickles Tilman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	4 14 13

FATHER		MOTHER	
FULL NAME	J. F. Tilman (John Franklin)	FULL MAIDEN NAME	Mary Adkins
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X. J. Roy MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed apr 19 13 F. T. Carey Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 3 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256 W# 034

[redacted]

County of [redacted]

City of Eden

Registration District No. 6 File No. 14945

No. ..... St.

Primary Registration District No. 2015 Registered No. 55

Hospital .....

FULL NAME OF CHILD Bayard Morgan Knott

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	June 14 1913

FATHER	MOTHER
FULL NAME: James Claudius Knott	FULL MAIDEN NAME: Irene Electra Morgan
RESIDENCE: Eden	RESIDENCE: Eden
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Ills	BIRTHPLACE: Canada
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno H Lacy MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed July 19 13 [illegible]

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 14 1963

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls

City of Eden

No. ..... St.

Hospital .....

Registration District No. 6 File No. 14946

Primary Registration District No. 2015 Registered No. 37

FULL NAME OF CHILD HELEN IRENE HURD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 16 1913

FATHER		MOTHER	
FULL NAME	Bert Hurd	FULL MAIDEN NAME	Cena Anderson
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Keen MD

(Physician or Midwife)

Address Hazelton Idaho

Given names added from a supplemental report

....., 19.....

Filed May 4 1913 J. L. Lenton Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Alamosa }

Certificate No. 14946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Helen Irene Hurd (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 16, 1913 (DATE OF EVENT)
in Eden, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Ink was faded, so that (GIVE DATE) the record was written some years back are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hurd	Helen Irene Hurd

Subscribed and sworn to before me this 3rd
day of March, 19 43

Agnes M. Christian

Notary Public, residing at Alamosa, Colo.

My commission expires

(SEAL)

Signed Cena Hurd
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

East Alamosa, Alamosa, Colo.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Alamosa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of March, 19 43

Agnes M. Christian

Notary Public, residing at Alamosa, Colo.

My commission expires

(SEAL)

Signed Glen Miracle
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt-1- alamosa colo.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 2 1943

JUL 31 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 14947

Primary Registration District No. 2015 Registered No. 60

FULL NAME OF CHILD Virgil Osborn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 23 1913

FATHER		MOTHER	
FULL NAME	Albert Osborn	FULL MAIDEN NAME	Sarah Frances Hendry
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Iowa
		OCCUPATION	Housework

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lena Hill

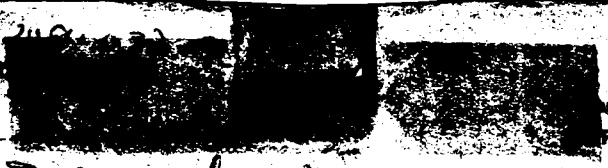
Hazelton Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Registrar Filed June 19 13 J. L. Lewis Registrar

BYRON - YORK CO., PTRS. & BDRS. 17[illegible]



Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of Dietrich Registration District No. 5 File No. 14948

No. , St, Primary Registration District No. 2016 Registered No. 37

Hospital

FULL NAME OF CHILD Agnes M. Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 9, 1913

FATHER		MOTHER	
FULL NAME	Harry Edwards	FULL MAIDEN NAME	Lilla Reckham
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Greenville Beaver Co. Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall M.D.

Physician (Physician or Midwife)

Address Dietrich Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 19 13

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

760-113-032

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 5 File No. 14949

No. ....., ... St.

Primary Registration District No. 2016 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Henry Powell

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	Single	4	Yes	April 13, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Powell	Mary A. Ellis
RESIDENCE	Richfield	Richfield
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	(Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) L. C. Harris

Physician

(Physician or Midwife)

Address Richfield Idaho

Filed April 19 13 C. J. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

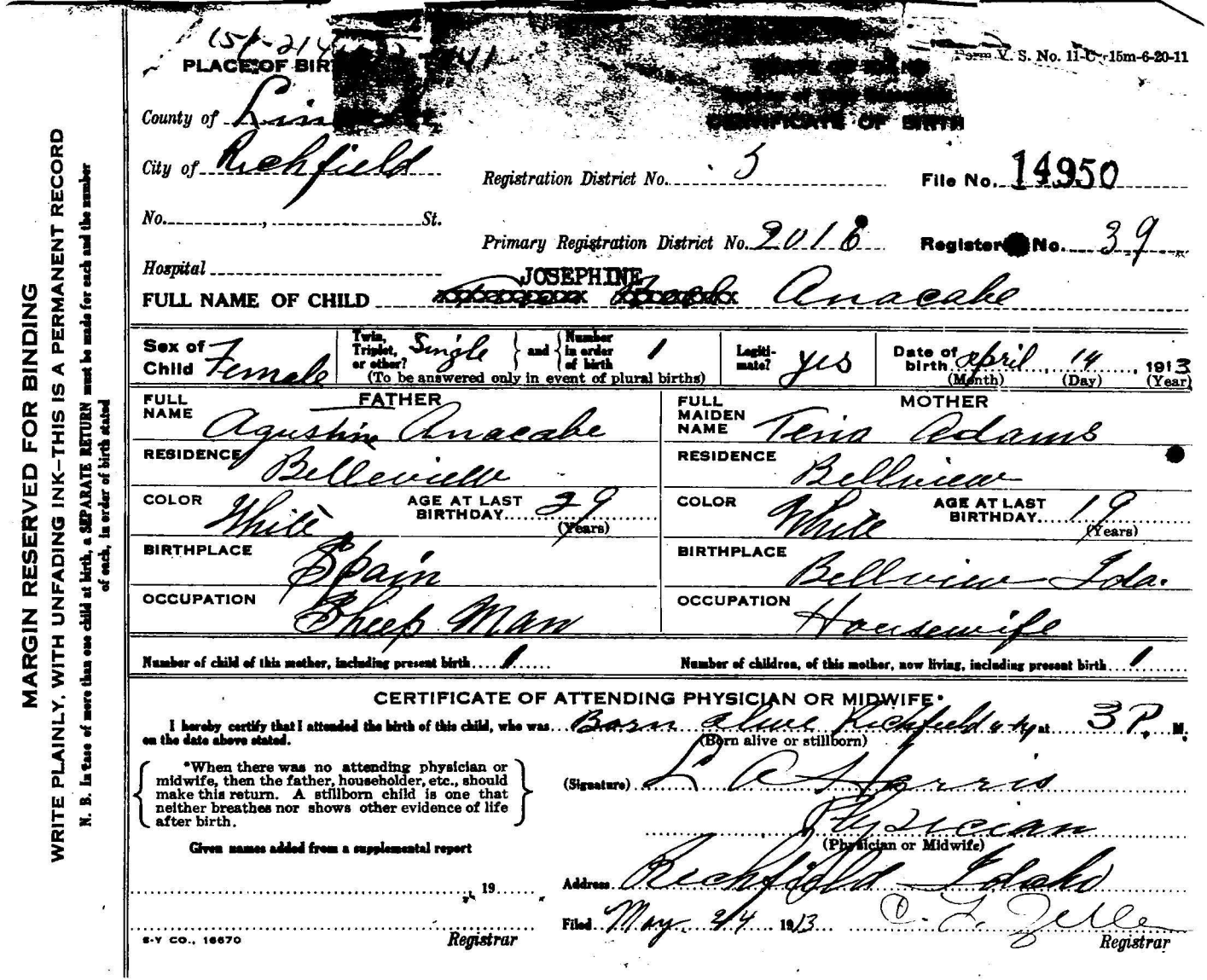
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH



(57-214) [illegible]

Form V. S. No. 11-C-15m-6-20-11

PLACE OF BIRTH [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 3

File No. 14950

No. ____, ____ St.

Primary Registration District No. 2018

Register No. 39

Hospital ____

FULL NAME OF CHILD JOSEPHINE Anacabe

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	Yes	April 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Agustin Anacabe	Tenia Adams
RESIDENCE	Bellevielle	Bellview
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Spain	Bellview Ida.
OCCUPATION	Sheep Man	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Richfield Ida at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Harris

Physician
(Physician or Midwife)

Address Richfield Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 24 1913

C. L. Dellee
Registrar

S-Y CO., 16670

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child: Josephine Anacabe

Date of Birth: April 14, 1913

Place of Birth: Belview, Idaho

Sex of Child: Female

Full Name of Father: Augustin Anacabe

Residence at Childs Birth: Belview, Idaho

Age at Childs Birth: 33 past

Color or Race: White

Birthplace: Ea, Spain - Basque

Occupation at Childs Birth: Sheepman

Full Maiden Name of Mother: Tena Adams

Residence at Childs Birth: Belview, Idaho

Age at Childs Birth: 18 yrs.

Color or Race: White - Irish

Birthplace: Belview

Occupation at Childs Birth: Housewife

I HEREBY CERTIFY that I am the Aunt of this child, who was born on the date above stated, and that this affidavit is made for the purpose of establishing the time and place of said birth.

Affiant: Mrs J M Anacabe

Address 1709 Washington St., Boise, Idaho

Dated; Jan. 14, 1942

Subscribed and sworn to before me this 14th day of Jan. A. D. 1942.

L E Eck

Notary Public in and for the County of Ada State of Idaho

MAR 23 '66

APR 1 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. DO NOT FOLD. DO NOT USE A PENCIL. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
249-1024-752
County of Gooding
City of Gooding
No. ..... St.
Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 5 File No. 14951
Primary Registration District No. 2016 Registered No. 4

FULL NAME OF CHILD William Arthur Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 4 19[illegible]

FATHER		MOTHER	
FULL NAME	Earl E Smith	FULL MAIDEN NAME	Mabel Clare Gebhart
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Hardware merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D
(Physician or midwife)
Address Gooding Ida

Given names added from a supplemental report
..... 19.....
..... Registrar

Filed 6/20/1913 J H Cromwell Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 8 1942

PLACE OF BIRTH

PRESERVE FOR BINDING
LEADING IN THIS LINE / PERMANENT

763-222-24 [redacted]

Form V. S. No. 15-(1)—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 3 File No. 14952

Primary Registration District No. 2116 Registered No. 43

FULL NAME OF CHILD Anna Lenora Goulte

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	April 22 1913

FATHER

FULL NAME Gotlieb Goulte

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ohio

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Bessie Story

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 19 13 J. H. Cromwell
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

759-130-039

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 14953

Primary Registration District No. 2-16 — Registered No. 41

FULL NAME OF CHILD RICHARD BOYD PERKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Apr 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William L. Perkins	Susan Edith Downing
RESIDENCE	Hazelton	Hazelton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., ..., 19.....

.....
Registrar

(Signature) Jno Kemp, M.D.
(Physician or Midwife)

Address Hazelton Idaho

Filed May 19 13

J. S. Lentz
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 14953

Date Filed May 27, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Richard Boyd Perkins (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1913 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 18, 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Richard Boyd Perkins

Subscribed and sworn to before me this 27th day of May, 1942

Notary Public, residing at Montpelier Idaho

My commission expires July 15, 1945
(Seal)

Signed Edith Susan Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1942

Notary Public, residing at Montpelier Idaho

My commission expires July 15, 1945
(Seal)

Signed E L Downing
(Signature of Any Credible Person Other Than Previous Year)

Montpelier, Idaho
(Street Address, City, State)

JUN 2 1942

458.

[redacted]

Form V. S. No. 11—10m-3-15-12

...HO
...TATISTICS
...IRTH

County of ...

City of ...

Registration District No. 5

File No. 14954

No. ..... St.

Primary Registration District No. 2.016

Registered No. 46

Hospital Home

FULL NAME OF CHILD Velma Louise Reynolds

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births) One	2nd	yes	June 20 1913

FATHER		MOTHER	
FULL NAME	Clarence Reynolds	FULL MAIDEN NAME	Mabel Roseboroughs
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

..... 19.....

Filed 6/24 1913 C. F. Zeller
Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Mesa }

Certificate No. 14954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Velma Louise Reynolds (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 20, 1913 (DATE OF EVENT)
in Shoshone, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Velma Louise Reynolds

Subscribed and sworn to before me this 29th
day of April, 1942

Gladys Moss
Notary Public residing at Clerk of the
My commission expires County Court of
(SEAL) Mesa County, Colorado

Signed Mabel Reynolds
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
132 North Spruce, Grand Junction,
(STREET ADDRESS, CITY, STATE) Colo.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Mesa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of April, 1942

Gladys Moss
Notary Public residing at Clerk of the County
My commission expires Court of Mesa County, Colo.
(SEAL)

Signed Clarence Reynolds
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
- 132 North Spruce,
(STREET ADDRESS, CITY, STATE)
Grand Junction, Colo.

Received for filing on MAY 2 1942 By
(REGISTRAR'S SIGNATURE)

MAY 1 2 1942

JAN 2 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lincoln

CERTIFICATE OF BIRTH

City of Dietrich

Registration District No. 5

File No. 14955

No. ..... St.

Primary Registration District No. 2016

Registered No. 47

Hospital .....

FULL NAME OF CHILD Alfin Earlynne Franklin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 17, 1913

FATHER

FULL NAME Watson Miller Taylor Franklin

RESIDENCE Dietrich Ida.

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Grant City Iowa

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Hattie Belle Flournoy

RESIDENCE Dietrich Ida

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Cheriton Co. Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician (Physician or Midwife)

Address Dietrich Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/24 1913 C. F. Feller
Registrar

S-Y CO., 16670

28 1942

SEP 25 1974

413-123-032-257

PLACE OF BIRTH

County of Lincoln

City of Carrill

No. ..... St.

Hospital Home

Form V. S. No. 11—10m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 14956

Primary Registration District No. 2016 Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Other	8	yes	July 23 1913

FATHER		MOTHER	
FULL NAME	John J Malsom	FULL MAIDEN NAME	Alma Seavo
RESIDENCE	Carrill	RESIDENCE	Carrill
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Nebraska
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address Shoshone, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/24 19.13 C. F. Zeller Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OK

PLACE OF BIRTH
Amended 2-29-56

County of Gooding

City of

No. St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 14957

Primary Registration District No. 2016 Registered No. 48

FULL NAME OF CHILD PRUDENCE SARAH JOHNSTON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		8	Yes	June 23 1913

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John B. Johnston	FULL MAIDEN NAME	Nellie G. Hill
RESIDENCE	Haddock	RESIDENCE	Haddock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address Shoshone

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 192.. C. F. Zeller Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14957

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1913 (Date of Event)
in Gooding, Idaho (HOME) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 17-1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.) (over)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Prudence Sarah Johnston
Father's last name	Johnson	Johnston

Subscribed and sworn to before me this 16 day of February, 19 56.

Notary Public, residing at .....
My commission expires ..... (Seal)

Notary Public for Idaho
Residence, Boise, Idaho
~~My Commission expires Jan. 28, 1959.~~

Signed Nellie Grace Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

401 N. Wash Emmett Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 19 56.

Notary Public, residing at .....
My commission expires ..... (Seal)

Notary Public for Idaho
Residence, Boise, Idaho
~~My Commission expires Jan. 28, 1959.~~

Signed Mary A Allen
(Signature of Any Credible Person)

Hay Emmett Ida
(Street Address, City, State)

FORM DPH 55.155

Watranty Deed -Father's name- July 24, 1934

Mortgage Father's name July 24, 1934

School Record September 15, 1919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

839-229.032-893

PLACE OF BIRTH

Form V. S. No. [redacted]

[redacted] BUREAU OF [redacted] STATISTICS

CERTI[redacted]TH

County of Lincoln

City of Shoshone

Registration District No. 57

File No. 14958

No. ____ St.

Primary Registration District No. 2016

Registered No. 49

Hospital Home

FULL NAME OF CHILD [redacted] Stratton Margaret Alcena

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Other	1st	yes	June 29 1913

FATHER	MOTHER
FULL NAME Otar F. Stratton	FULL MAIDEN NAME Magdha Hill
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE New York	BIRTHPLACE Canada
OCCUPATION Rancher	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Zeller M. D (Physician or midwife)

[redacted] a supplemental report

..... 19.....

[redacted] Registrar

Address Shoshone, Idaho

Filed 7/1 1913 C. F. Zeller R[redacted]

MAY 6 1942

JUL 17 1966

MAR 27 1967

255·129·032-419

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5 File No. 14959

No. ..... St.

Primary Registration District No. 2016 Registered No. 69

Hospital .....

FULL NAME OF CHILD Raymond Marsh Keefer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	other (To be answered only in event of plural births)	1st	yes	Apr. 29 1913

FATHER		MOTHER	
FULL NAME	Wm Raymond Keefer	FULL MAIDEN NAME	Mary Katherine Marsh
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
(Physician or midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

..... 19.....

Filed 5/15 1913

C. F. Zeller
Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 1 1 1968

County of

OR

818-1176 32-856

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH — **IDAHO** — **BUREAU OF VITAL STATISTICS** — **CERTIFICATE OF BIRTH**

County of Lincoln

City of Dietrich

Registration District No. 5 File No. 14960

No. ____ St.

Primary Registration District No. 2016 Registered No. 38

Hospital Home

FULL NAME OF CHILD Frank T. Hayman III

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	other	3rd	yes	June 17th 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank T. Hayman Jr.	Edna Frances Hewetson
RESIDENCE	Dietrich Idaho	Dietrich Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Vanceburg, Ky.	Newport Kentucky
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 7:50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. C. Fellers M.D.

(Physician or midwife)

Address Shoshone, Ida.

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 C. C. Fellers

6-Y CO. 20175 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 28 1973

685-220-072-366

PLACE OF BIRTH

n V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield — Registration District No. 5 — File No. 14961

No. ____ St. — Primary Registration District No. 2016 — Registered No. 37

Hospital

FULL NAME OF CHILD Ruth Wheaton

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	7	yes	May 20 1913

FATHER		MOTHER	
FULL NAME	Nathaniel Wheaton	FULL MAIDEN NAME	Ada Doosh
RESIDENCE	Richfield Ida.	RESIDENCE	Richfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) R. A. Harris
Physician
(Physician or Midwife)

Address Richfield Idaho

Filed Jun 10 19 13 C. J. Geller
Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

JUL 1 2 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

215-1192

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Ida. Registration District No. 3 File No. 14962

No. ....., ... St. Primary Registration District No. 216 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Ernest Landy

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	First	Yes	May 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace Albert Landy	Ada Tilly Turnbull
RESIDENCE	Shoshone Ida.	Shoshone Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	England	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Lee M. D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 24 1913. C. F. Zeller
Registrar

S-Y CO., 16870

FEB 25 1942

231-104-032-313

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-8-15

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 14963

Primary Registration District No. 2016 Registered No. 56

FULL NAME OF CHILD Baby Stacy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Other	2nd	yes	July 4 1913

FATHER	MOTHER
FULL NAME Harrison Stacy	FULL MAIDEN NAME Cora Callahan
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Ida
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Zellers M.D.

(Physician or midwife)

Address Shoshone Ida

Given names added from a supplemental report

....., 19.....

Filed 7/6 1913

.....
Registrar

.....
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev. 6-1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH APR 13 1967

393.218.034962

PLACE OF BIRTH

County of Mineral

City of Hazleton

No. St.

Hospital

FULL NAME OF CHILD Agnes Lorraine Jillman

[redacted]

Registration District No.

Primary Registration District No.

File No. 1961

Registered No. 54

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Date of Birth (Month) (Day) (Year)
Girl			June 18 1913

FATHER

FULL NAME James Earl Jillman

RESIDENCE Hazleton

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ills

OCCUPATION Lancers

MOTHER

FULL MAIDEN NAME Essie Martha Robinett

RESIDENCE Hazleton

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Colo

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Address Hazleton Colo

Given names added from a supplemental report

.....19.....

Filed July 19 13

[signature] Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted] Form No. 11-C—10m-8-15-42

[redacted] IDAHO
BUREAU OF [redacted] STATISTICS

PLACE OF BIRTH

FEB 20 1943

[redacted]

255·203·032·415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 19065

Primary Registration District No. 2016 Registered No. 63

FULL NAME OF CHILD Helen May Beers

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	One	4	Yes	May 3, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy M. Beers	FULL MAIDEN NAME	Myrtle Davidson
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L A Harris

Physician (Physician or Midwife)

Address Richfield Idaho

Given names added from a supplemental report

May 3 1913

L A Harris Registrar

Filed May 3 1913 L A Harris Registrar

S-Y CO., 16670

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

55715-032-692

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 14966

Primary Registration District No. 2016 — Registered No. 52

FULL NAME OF CHILD IDA BETH Engle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	Four (4)	yes	May 15 1913

FATHER

FULL NAME: Fred. Arthur. Engle

RESIDENCE: Richfield

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Donna. Gaie

RESIDENCE: Richfield

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1.30 A. M. on the date above stated.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. A. Harris

Physician

(Physician or Midwife)

Address Richfield Idaho

Filed May 19 13 O. J. Zeller

Registrar

B-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 14966
Date Filed Nov. 27, 1945

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Mary Ellen Engle (Name on original certificate) who was born (Was born or died) on May 15, 1913 (Date of event)
in Kirkfield, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mary Ellen Engle	Ida Beth Engle

Subscribed and sworn to before me this 27th day of Nov., 1945

Lavina C. Greig
Notary Public, residing at Payette, Idaho
My commission expires Feb. 15, 1946
[SEAL]

Signed Fred A. Engle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Nov., 1945

Lavina C. Greig
Notary Public, residing at Payette, Idaho
My commission expires Feb. 13, 1946
[SEAL]

Signed Mrs Grant Fisher
(Signature of any credible person other than the previous affiant.)

Payette, Ida
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

12-12-41

6-389

PLACE OF BIRTH

County of Brigham

City of Maeland

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 14967

Primary Registration District No. 2053 Registered No. 125

FULL NAME OF CHILD Fern Cably

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth: 4 | Legitimate? | Date of Birth: May 23 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	C. W. Cably	FULL MAIDEN NAME	Charlotta Christal
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Linden Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	American Fork Utah
		OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife (Physician or midwife)

Address Blackfoot Idaho

Filed June 10 1913 M E Patrie Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

666-108-666/135

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Thomas

No. ..... St.

Hospital .....

Registration District No. 13

File No. 14968

Primary Registration District No. 2053

Registered No. 196

FULL NAME OF CHILD Sylvester A. Woodland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		6		June 8 (Month) (Day) 191? (Year)

FATHER		MOTHER	
FULL NAME	Joseph Woodland	FULL MAIDEN NAME	Jane Alstad
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Hatch

midwife (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 4 10 19 13 W. E. Patrie Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 14968

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lester Woodland (Name on Original Certificate) who born (Was Born or Died) on June 8, 1913 (Date of Event)
in Thomas, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lester Woodland	Sylvester A. Woodland

Subscribed and sworn to before me this 22nd day of September, 1944

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed Joseph M Woodland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 2 1942

253-205-006345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Shareland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14969

Primary Registration District No. 2053 Registered No. 127

FULL NAME OF CHILD Jennie Belnap

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		5		June 5 1913

FATHER		MOTHER	
FULL NAME	Abijes Belnap	FULL MAIDEN NAME	Annie B Luenberge
RESIDENCE	Shareland	RESIDENCE	Shareland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Switzerland
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mary A. Thatch

Midwife (Physician or midwife)

Address Blackfoot, Idaho

Filed June 10, 19 13 M. E. Patrie Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-212-006-813

PLACE OF BIRTH

County of Brigham

City of Maeland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14970

Primary Registration District No. 2053 Registered No. 128

FULL NAME OF CHILD Ethel Belnap

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		6		May 12 1913

FATHER		MOTHER	
FULL NAME	O. M. Belnap	FULL MAIDEN NAME	Jael Laura Hatch
RESIDENCE	Maeland	RESIDENCE	Maeland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Meeleyville Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mary A. Hatch

Midwife (Physician or midwife)

Address Blackfoot Idaho

Filed June 10 1913 W. E. Petrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-51

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 23 1975

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Registration District No. 13 File No. 14971

Primary Registration District No. 2053 Registered No. 129

Hospital .....

FULL NAME OF CHILD Reta A Crauch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		8		April 28 1913

	FATHER	MOTHER
FULL NAME	L E Crauch	FULL MAIDEN NAME Rosetta Walsly
RESIDENCE	Moreland	RESIDENCE Moreland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Weber Utah	BIRTHPLACE Cotton Wood Utah
OCCUPATION	Farmer	OCCUPATION

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Heath
Midwife
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 W E Petrie
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m—

STATE OF IDAHO

PLACE OF BIRTH

AUG 22 1957

254-110-006-813

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14972

Primary Registration District No. 2003 Registered No. 120

FULL NAME OF CHILD Carl Beuse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4		April 10 1913

FATHER		MOTHER	
FULL NAME	John Beuse	FULL MAIDEN NAME	Sarah E Yates
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lake Point Utah
OCCUPATION	Well Driller	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Hatch
Midwife
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 19 13 W. E. Patrie Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CE OF BIRTH

PLACE OF BIRTH

312-117-006-312

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Sugar Factory St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14973

Primary Registration District No. 2053 Registered No. 131

FULL NAME OF CHILD Masato Tafuragaki

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 17 1913

FATHER

FULL NAME: Kinzo Tafuragaki

RESIDENCE: Blackfoot

COLOR: Japanese

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Japan

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Sayo Tafuragaki

RESIDENCE: Blackfoot

COLOR: —

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Japan

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10 1913 W. E. Patrie

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-18-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP OF 13-251566

613-202-000-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoor RFD 4

Registration District No. 19 File No. 14974

No. ..... St.

Primary Registration District No. 2053 Registered No. 132

Hospital ~~~~~

FULL NAME OF CHILD Evelyn Unnamed Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	/	Yes	June 2 1913

FATHER	MOTHER
FULL NAME: Abram Hatch Jr	FULL MAIDEN NAME: Lola Lindsay
RESIDENCE: Belfoor Ida RFD 4	RESIDENCE: Belfoor Ida RFD 4
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Evans

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed June 13 1913 M. E. Parker

..... Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

Form V. S. No. 11-C—20m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JAN 8 1965

[redacted] 15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

No. ____ St.

Hospital ____

Registration District No. 13 File No. 14975

Primary Registration District No. 2033 Registered No. 133

FULL NAME OF CHILD Yoshona Belle Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				June 13 1913

FATHER	MOTHER
FULL NAME David Thomas Peterson	FULL MAIDEN NAME Mary Elizabeth Hansen
RESIDENCE Groveland	RESIDENCE Groveland
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Goshen Utah	BIRTHPLACE Goshen Utah
OCCUPATION farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phoebe Gummersall (Physician or midwife)

Address Blackfoot R 1

Given names added from a supplemental report

..... 19.....

Filed June 18 13 M. E. Patric Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate RETURN must be made for each and the number of each in order of birth must be stated.

[redacted]

JUL 3 0 1975

719-21 6 1 0006789

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] Bingham

City of Thomas Ward

No. — St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13

Primary Registration District No. 2053

Lena Adrian

File No. 14976

Registered No. 134

FULL NAME OF CHILD Emanuel Parsons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 16 1913

FATHER		MOTHER	
FULL NAME	Robert Adrian Parsons	FULL MAIDEN NAME	Josephine Christensen
RESIDENCE	Blackfoot RFD No 2	RESIDENCE	Do
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-20 A.M. on the date above stated.

(Signature) M E Petrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Filed June 26 1913 M E Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] OF BIRTH

County of

342-11-006435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] Bonneyhaven

[redacted] Black Foot

No. West Bridge St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14977

Primary Registration District No. 1007 Registered No. 135

FULL NAME OF CHILD Hugh Maxwell Suby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 13 1913

FATHER	MOTHER
FULL NAME C. J. Suby	FULL MAIDEN NAME Agnes McNeff
RESIDENCE Black Foot	RESIDENCE Black Foot
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.

(Physician or midwife)

Address Black Foot, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 27 1913 W. E. Patrice
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 2 5 1973

05

155-147-0006-236

PLACE OF BIRTH

County of Bingham

City of Thomas Yard No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14978

Primary Registration District No. 2053 Registered No. 136

FULL NAME OF CHILD. Elson Athelny Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 17 1913

FATHER

FULL NAME: Miller Jenssen

RESIDENCE: Thomas

COLOR: White

AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Ellen Scott Jensen

RESIDENCE: Thomas

COLOR: White

AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A O Allen (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed June 20 1913 W. E. Petrie Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-43

MAR 16 1944

518-230-00628 5

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. — St.

Registration District No. 13

File No. 14979

Primary Registration District No. 2029

Registered No. 137

Hospital No

FULL NAME OF CHILD. Jane Elizabeth Hays

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	June 20 1913

(To be answered only in event of plural births)

FATHER

FULL NAME: Wilbur Wells Hays

RESIDENCE: Sterling Idaho

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Lumber Merchant

MOTHER

FULL MAIDEN NAME: Myrtle B. Shellman

RESIDENCE: Do

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 3 1913

W. E. Patrie
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 12 1947

(County of ...)

813-210-006-753

Form V. S. No. 11-C—20m-8-15-22

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 68 Lilac St.

Registration District No. 13 File No. 14980

Primary Registration District No. 1007 Registered No. 138

Hospital

FULL NAME OF CHILD Ora Almeda Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 10 1913

FATHER		MOTHER	
FULL NAME	Thos A. Hall	FULL MAIDEN NAME	Emma Peterson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	MO	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 7 1913 M. E. Petrie Registrar

8-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1980

256.124.006533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.—No. 1.—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. West Bridge St.

Hospital

Registration District No. 13 File No. 14981

Primary Registration District No. 1007 Registered No. 139

FULL NAME OF CHILD [redacted] Woodrow Woodgrass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Howard Woodgrass	FULL MAIDEN NAME	Ada Elliott
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 11:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

19 Address

Registrar Filed Jan 10 1913 M. E. Guthrie Registrar

S-Y CO. 20174

APR 14 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Contra Costa } ss.

Certificate No. 14981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Woodrow Snodgrass (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~shown by~~ prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Age", "Date of Death", Etc.)	FROM (As on Original)	TO (Same Correct Facts)
Name	Woodrow	Woodrow Wilson Snodgrass
Birthplace of father	Illinois	Iowa
Mother's maiden name	Ada Elliott	Edith Howell
Birthplace of mother	Nebraska	Idaho

Age of parents Mother-30 Father-32 Mother-33 Father-35

Subscribed and sworn to before me this 15th day of May, 19 42

Kathryn L. Snodgrass
Notary Public, residing at Richmond, Calif.

My commission expires March 15, 1944
(Seal)

Signed Edith M. Snodgrass
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

644-31st Street, Richmond, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Contra Costa } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May, 19 42

Kathryn L. Snodgrass
Notary Public, residing at Richmond, Calif.

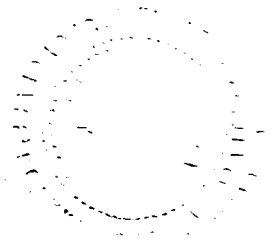
My commission expires March 15, 1944
(Seal)

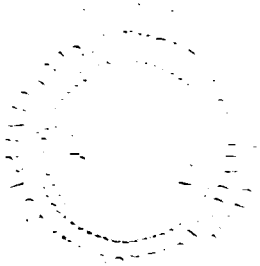
Signed Howard B. Snodgrass
(Signature of Any Credible Person Other Than Previous Year)

644-31st Street, Richmond, Calif.
(Street Address, City, State)

MAY 21 1942

MAY 25 1942





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

779-208-006-666

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 3 Miles East

Registration District No. 13 File No. 14982

Primary Registration District No. 2053 Registered No. 140

Hospital Edna

FULL NAME OF CHILD [redacted] Parrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	/	/	Yes	June 28 1913

FATHER

FULL NAME George Parrish

RESIDENCE Blackfoot

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Elizabeth Wood

RESIDENCE Blackfoot 3 M. East

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis M.D.

(Physician or midwife)

Address [redacted]

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jul 10 19 13 M. E. Patrie Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO

PLACE OF BIRTH

NOV 7 1972

Registration Dist

Number

213-023-006-213

Form V, S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Gen Delivery St.

Hospital ~~~~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14984

Primary Registration District No. 2053 Registered No. 142

FULL NAME OF CHILD Unnamed Bacon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	/	/	Yes	June 23 1913

FATHER		MOTHER	
FULL NAME	Frank Bacon	FULL MAIDEN NAME	Oseeda Bates
RESIDENCE	Blackfoot Ida.	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Dame

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jul 10 1913 M. E. Parris

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-13-29

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Street address or location)

Dupe of 1913 - 423259

219-22-006-219

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Thomas Ward

No. ..... St.

Hospital .....

Registration District No. 13 File No. 14985

Primary Registration District No. 2035 Registered No. 143

FULL NAME OF CHILD Leonie Burns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	May 21 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Willard Burns	FULL MAIDEN NAME	Mary Ann Burton
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Marion Crawford

Midwife (Physician or midwife)

Address Blackfoot R. F. D. No 2

Filed July 10 1913 W. E. Patrie Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-O—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

331-114-006-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-[illegible]

[redacted] IDAHO

BUR[redacted]AL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13

File No. 14986

Primary Registration District No. 2053

Registered No. 144

FULL NAME OF CHILD Loyd Clark

Sex of Child: M

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 14 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Alma Clark	FULL MAIDEN NAME: Lavinda Clark
RESIDENCE: Blackfoot Gen Delivery	RESIDENCE: Blackfoot Gen Delivery
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 24 19 13 W. E. Tabie Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 1 5 1971

369-123 1006-331

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 13 File No. 14987

Primary Registration District No. 2029 Registered No. 145

FULL NAME OF CHILD Jerald Lafayette Barbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 23 1913

FATHER	MOTHER
FULL NAME Charles Nephi Barbridge	FULL MAIDEN NAME Earl Claypool
RESIDENCE Sterling, Ida	RESIDENCE Sterling, Ida.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

..... 19.....

Filed Jun 23 19 13 M. C. MacKinnon

..... Registrar

Registrar

Filed July 26-1913 M.E. Patrick Reg.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 222 006 613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 13 File No. 14988

Primary Registration District No. 2029 Registered No. 146

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 22 1913

FATHER		MOTHER	
FULL NAME	John Cooper	FULL MAIDEN NAME	Nellie Watts
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Jun 23 19 13 M. C. MacKinnon
Registrar

..... Registrar

S-Y CO. 20174

Filed July 26-1913 W. E. Petrie Reg.

Form V. S. No. H-D—Rev. 5-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

573.119.006 - 435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14989

Primary Registration District No. 2029 Registered No. 147

FULL NAME OF CHILD ROY FLOYD NILSSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	June 19 1913

FATHER		MOTHER	
FULL NAME	Oscar Edwin Nilsson	FULL MAIDEN NAME	Jane Elizabeth McNaughton
RESIDENCE	Sterling, Ida.	RESIDENCE	Sterling, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth Eighth

Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed June 21 19 13 McMacKinnon

..... Registrar

Filed July 26-1913 M.E. Parks Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BINGHAM }

Certificate No. 14989

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Roy Floyd Nelson (Name on original certificate) who born (Was born or died) on July 10th, 1919 (Date of event)

in Sterling, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Nelson	Nilsson
Nilsson		Roy Floyd

Subscribed and sworn to before me this 22nd day of October, 19 41

Justice of the peace

Notary Public, residing at Blackfoot, Idaho.

My commission expires

[SEAL]

Signed Oscar E Nilsson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of BINGHAM }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 19 41

Justice of the peace

Notary Public, residing at Blackfoot, Idaho.

My commission expires

[SEAL]

Signed Jane E Nilsson
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 12 1967

714-206-006719

PLACE OF BIRTH

[redacted] OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. D-C—Rev. 8-15-12

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 13 File No. 14990

Primary Registration District No. 2029 Registered No. 148

FULL NAME OF CHILD Opal Mary Gambill

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	June 6 1913

FATHER	MOTHER
FULL NAME: Jeuches Munro Gambill	FULL MAIDEN NAME: Verda Parsons
RESIDENCE: Aberdeen Idaho	RESIDENCE: Aberdeen Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: North Carolina	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

..... 19.....

Filed June 9 1913 W. C. MacKinnon

..... Registrar

Registrar

Filed July 26-1913 W. E. Patrick

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 14990

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gambill (Name on Original Certificate) who born (Was Born or Died) on June 6, 1913 (Date of Event)
in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Aberdeen - 1930 (Give Date), are:
viewed by vital stat.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Opal Mary Gambill
	Father =	= Jim Gambill
	Mother =	= Verda Gambill

Subscribed and sworn to before me this 8 day of October, 1957

Notary Public, residing at Aberdeen
My commission expires 12-31-57
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

NN 9-30-57 1 copy paid

OCT 2 5 1957

Aberdeen, Idaho
10-8-57

To Whom it May Concern:

This is to certify that the following record of

Opal Mary Gambill

was taken from the family Bible Records as it appears before me., M. D. Linscheid, a Notary Public.

"Opal Mary Gambill Born June 6, 1913"

Signed, M. D. Linscheid

M. D. Linscheid
Notary Public
Residing at Aberdeen, Idaho
My Commission expires 12-31-57

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14991

Primary Registration District No. 2029 Registered No. 149

FULL NAME OF CHILD Claude Arthur Heitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 4 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Henry Heitman	Nellie Annetta Streeter
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Hardware Merchant	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M D

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed June 4 19 13 M. C. MacKinnon

..... Registrar

Registrar

Filed June 26-1913 W. E. Petric Reg.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1956

399.203:006-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 14992

No. ..... St.

Primary Registration District No. 2029 Registered No. 150

Hospital .....

FULL NAME OF CHILD Virginia Louise Trist

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 9 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius Brutus Trist	Hanna Louise Anderson
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	32
BIRTHPLACE	Virginia	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed June 4 1913 M. C. McKinnon Sub Registrar

..... Registrar

Issued June 26-1913 W. E. Petrie, Reg

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 14992

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virginia Louise TRIST (Name on Original Certificate) who was born (~~Was Born or Died~~) on JUNE 3 1913 (Date of Event)
in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE POLICY # 1009301 (Bible Record, Insurance Policy, Etc.) prepared on JAN. 12, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Virginia Louise Trist

Subscribed and sworn to before me this 10th
day of May, 1942

Lora R. Brannum
Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires February 7, 1945.
(Seal)

Signed Hannah Louise Trist (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Hannah Louise Trist~~
6905 Cimarron St Los Angeles Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of May, 1942

Lora R. Brannum
Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires February 7, 1945.
(Seal)

Signed J. B. Trist Jr (OLDEST BROTHER)
(Signature of Any Credible Person Other Than Previous Year)

4445 Dixie Canyon Ave Sherman Oaks Cal
(Street Address, City, State)

MAY 13 1942

APR 4 1994

296-230-006-786

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 15 [illegible]

County of Butte

City of Thousand Head

Registration District No. 13 File No. 14993

No. St.

Primary Registration District No. 2053 Registered No. 151

Hospital

FULL NAME OF CHILD Marion Broadhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Lester Broadhead	Mary Thomas
RESIDENCE	Thousand Head	Thousand Head
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Wife & Mother

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

midwife (Physician or midwife)

Address Blackfoot R. F. D. 102

Given names added from a supplemental report

..... 19.....

Filed July 7 1913 M. E. Petrie

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1962

AUG 24 1962

JUN 25 1976

4 32-128·006-114

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 14994

County of Bingham

City of Thomas Ward

Registration District No. 13

No. ..... St.

Primary Registration District No. 2053 Registered No. 152

Hospital .....

FULL NAME OF CHILD Donald McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 28 1913

FATHER		MOTHER	
FULL NAME	Edwin McBride	FULL MAIDEN NAME	Fanny James
RESIDENCE	Thomas ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Mid wife (Physician or midwife)

Address Blackfoot R F D no 2

Given names added from a supplemental report

..... 19.....

Filed June 7 19 13 M E Patrie

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

295-106-006-235

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 13 File No. 14995

No. No. 262 South Shilling Av. Primary Registration District No. 1007 Registered No. 153

Hospital No.

FULL NAME OF CHILD Joseph Stephans King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	July 6, 1913

FATHER		MOTHER	
FULL NAME	Joseph E. King	FULL MAIDEN NAME	Rose Stephens
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batsoay

Midwife (Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 9 1913 M. E. Patrie
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 6 1942

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

OCT 3 8 1950

APR 11 1958

295-203-006-515

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 13

File No. 14936

No. 609 Univers[illegible] Ave.

Primary Registration District No. 1007

Registered No. 154

Hospital No.

FULL NAME OF CHILD ~~Katheryn Myrna~~ ~~Katheryn Wenna~~ King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	July 3 1913

FATHER		MOTHER	
FULL NAME	Glenn Racine King	FULL MAIDEN NAME	Roseine Bernice Van Akin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Montana
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. L. Battersby

Midwife (Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 9 1913 W. E. Patrie

Registrar

8-Y CO., 19065

WRITE PLAINLY. WHEN UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 14996

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Katherine Merna (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 3 1913 (DATE OF EVENT) in Blackfoot Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by birth Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Katherine Merna	Katheryn Myrna King

Subscribed and sworn to before me this 27th day of November, 1942.

Agnes D Konecke

Notary Public, residing at Portland, Ore

My commission expires 9-18-43

(SEAL)

Signed G R King

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4820 SE Kelly St Portland Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1942.

Agnes D Konecke

Notary Public, residing at Portland Ore.

My commission expires 9-18-43

(SEAL)

Signed Roxine Vanlakin King.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4820 SE Kelly St. Portland Or.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 2 1942

281-103 1006. 755

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blkfoot

No. East Bridge St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14997

Primary Registration District No. 1007 Registered No. 155

FULL NAME OF CHILD Frank Shaw

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/ (To be answered only in event of plural births)	/	Yes	July 3 1913

FATHER		MOTHER	
FULL NAME	Peter Shaw	FULL MAIDEN NAME	Alice Pendleberry
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 55 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

Registrar

Filed Jul 9 1913 W. E. Patric

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Reg. 11-Q—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 20 1943

PLACE OF BIRTH

County of

864-205-006-613

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. N. Main St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 14998

Primary Registration District No. 1007 Registered No. 156

FULL NAME OF CHILD Unnamed Hodson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	/		/	Yes	July 5 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hodson	FULL MAIDEN NAME	Susie Watson
RESIDENCE	Bekfoot	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.50 A. M. on the date above stated.

(Signature) L B Davis

(Physician or midwife)

Address .....

Filed Jul 10 1913 W. E. Patrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

0/5-203-00617

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. S. Shilling St.

Hospital Vital Statistics

Registration District No. 13

Primary Registration District No. 1007

File No. 14999

Registered No. 157

FULL NAME OF CHILD Howard Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 5 1913

FATHER		MOTHER	
FULL NAME	Hopear Davis	FULL MAIDEN NAME	Signe Jacobson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jul 10 1913 M. E. Patrie
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

JAN 15 1951

253-225-0006

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. Ward 4 St.

Registration District No. 13 File No. 15000

Primary Registration District No. 1007 Registered No. 158

Hospital

FULL NAME OF CHILD Ester Van Seters

Sex of Child	Twin ~~Triplet or other?~~ (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	5	Yes	July 15 1913

FATHER		MOTHER	
FULL NAME	Marinus Seters	FULL MAIDEN NAME	Eva Adelaer
RESIDENCE	Belfoot	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Aug 1 1913 M. E. Petrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

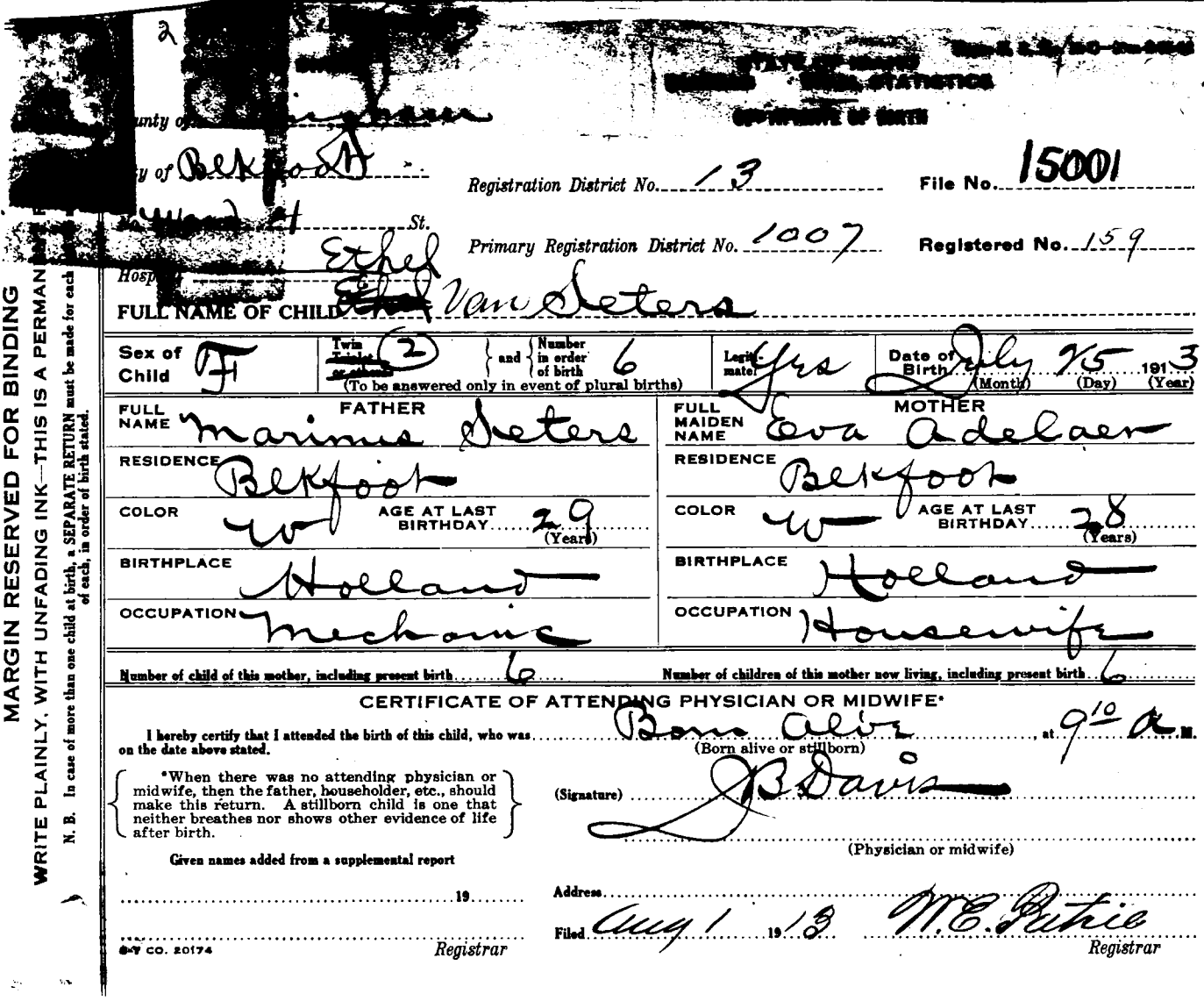
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—2

STATE OF IDAHO

PLACE OF BIRTH



2

...STATE BOARD OF HEALTH
...BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

...unty of ...

...y of Bellfoot

Registration District No. 13 File No. 15001

...wood St.

Primary Registration District No. 1007 Registered No. 159

Hosp... Ethel

FULL NAME OF CHILD Ethel Van Deters

Sex of Child F

Twin / Triplet / or others (2) and Number in order of birth 6
(To be answered only in event of plural births)

Legitimate Yes

Date of Birth July 15 1913
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Marinus Deters	FULL MAIDEN NAME Eva Adelaer
RESIDENCE Bellfoot	RESIDENCE Bellfoot
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Holland	BIRTHPLACE Holland
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9½ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1 1913 M. E. Petrie

Registrar

Registrar

...Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN...
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

mother, ... born child is ows other evi-

nental report.

....., 192.....

.....
Registrar.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed ..... 192.. .....
Registrar.

291-10 [illegible]

PLACE [illegible]

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Rand 2 St.

Registration District No. 13 File No. 15002

Primary Registration District No. 1007 Registered No. 160

Hospital No

FULL NAME OF CHILD Franklin Donald Knauck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	July 8 (Month) (Day) 191[illegible] (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Orlando Knauck	Edith L. Miles
RESIDENCE	Blackfoot Ida	do
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Grocery Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-05 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address Blackfoot

Filed July 18 1913 M. E. Patrie Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 27 1954

8/3 [illegible]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bunkham

City of Belfork

No. RFD 4 St.

Registration District No. 19 File No. 15003

Primary Registration District No. 2053 Registered No. 161

Hospital

FULL NAME OF CHILD Ruth Edith Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Simmons Hatch	Fressia England
RESIDENCE	Belfork RFD 4	Belfk RFD 4
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R B Davis

(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 4 19 13 M E Patrie Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1964

MAY 30 1974

276-127.006-275

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R F D 4 St.

Registration District No. 13 File No. 15004

Primary Registration District No. 2053 Registered No. 162

Hospital

FULL NAME OF CHILD Minnamee Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 13 1913

	FATHER	MOTHER
FULL NAME	Abraham Scott	FULL MAIDEN NAME Mabel Stewart
RESIDENCE	Blkft R F D 2	RESIDENCE Blkft R F D 2
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Dana

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1 19 13 W. E. Petrie
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 2m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No. 15001

Registered No.

County of

Hospital

FULL NAME OF CHILD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-214 & 6-719

PLACE OF BIRTH

County of [redacted]

City of Belfoot

West of town

No. [redacted] Ave. St.

Hospital

STATE OF MONTANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 13 File No. 15005

Primary Registration District No. 2053 Registered No. 163

FULL NAME OF CHILD Unnamed Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carley Clark	Lovina Parker
RESIDENCE	Belfoot Gen Delivery	Belfoot Gen Delivery
COLOR	W	W
AGE AT LAST BIRTHDAY	22 (Years)	21 (Years)
BIRTHPLACE	Wyoming	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth (1)

Number of children of this mother now living, including present birth (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) B Davis

(Physician or midwife)

Address

Filed Aug 1 1913

M. E. Patrick
Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-9-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County)

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No. 13 File No. 15006

No. ____ St.

Primary Registration District No. 2053 Registered No. 16

Hospital ____

FULL NAME OF CHILD Marion Glenola Horton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	7 24 1913

FATHER		MOTHER	
FULL NAME	Richard M. Horton	FULL MAIDEN NAME	Nina Cameron
RESIDENCE	Thomas ward	RESIDENCE	Thomas ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Marion Crawford

midwife (Physician or midwife)

Address Blackfoot R.F.D. #3

Filed Aug 1 1913 W.E. Patrie Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1973

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No. 13 File No. 15067

No. ____ St.

Primary Registration District No. 2053 Registered No. 165

Hospital ____

FULL NAME OF CHILD Wayne Milford B. Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Y
Male			yes	7 24

FATHER

FULL NAME Hans C. Christensen

RESIDENCE Thomas ward

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME ~~Coffman~~ Parsons

RESIDENCE Thomas ward

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION wife and mother

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life at birth.

† Given names added from a supplemental report

(Signature) Marion Crawford

midwife (Physician or midwife)

Address Blackfoot R. F. D. No 2

Filed Aug 14 1913 M. E. Patrie Registrar

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 3, 1941. E.W.

AUG 14 1957
MAR 3 1975
OCT 13 1976

331-119-006-964

PLACE OF BIRTH

County of Bingham

City of Black Foot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C—Rev-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 15008

Primary Registration District No. 0053 Registered No. 166

FULL NAME OF CHILD Harrald Clark

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 19 1913

FATHER

FULL NAME W. A. Clark

RESIDENCE Black Foot

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE New Zealand

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Lydia Rudd

RESIDENCE Black Foot

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Address Black Foot Idaho

Given names added from a supplemental report

....., 19.....

Filed July 26, 19 13 M. E. Patric
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C -20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

142-120-006-251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basto

No. ..... St.

Hospital .....

Registration District No. 13 File No. 15009

Primary Registration District No. 2053 Registered No. 167

FULL NAME OF CHILD Francis Wilbur Just

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 20 1913

FATHER		MOTHER	
FULL NAME	Francis Just	FULL MAIDEN NAME	Maud Kerr
RESIDENCE	Shelley # 2.	RESIDENCE	Shelley # 2.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitworth

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 4 19 13 M. E. Price

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 15009
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Frances Wilbur Just (Name on original certificate) who Born July 20 1913 (Was born or died) on July 20, 1913 (Date of event)
in Preston, Bingham Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Parent record (Bible record, insurance policy, etc.) prepared on Sept 20 1923 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Frances Wilbur Just is the right name	Frances Williard Just this is wrong	

Subscribed and sworn to before me this 16th day of July, 1944

L P Eskelson
Notary Public, residing at Dore
My commission expires Jan 20 - 1948
[SEAL]

Signed Mrs Maudie Just Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Ford Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

.....by .....

(Registrar's signature)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

Registration District No. 13

File No. 15010

No. ..... St.

Primary Registration District No. 2033

Registered No. 168

Hospital .....

FULL NAME OF CHILD Lelu Robinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 16 1913

FATHER

FULL NAME: Brigham Robinson

RESIDENCE: Blackfoot, Idaho # 4

COLOR: White

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Matilda Clawson

RESIDENCE: Blackfoot, Idaho # 4

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mutchett

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 4 19 13 W. E. Patrie

..... Registrar

Registrar

S-Y CO. 20174

FEB 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

County of [illegible]

City of Bluefield — Registration District No. 13 — File No. 15011

No. Second St. — Primary Registration District No. 2053 — Registered No. 169

Hospital — Ogden M. Jackman

FULL NAME OF CHILD [redacted] Jackman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 12, 1913

FATHER	MOTHER
FULL NAME: Willard Jackman	FULL MAIDEN NAME: Loretta Morris
RESIDENCE: Bluefield, Colo.	RESIDENCE: Bluefield, Colo.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Aug 14 1913 M. E. Ritchie

Registrar

8-Y CO. 20174

JAN 1 3 1982

993-101-006743

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Rich

Registration District No. 13 File No. 15012

No. St.

Primary Registration District No. 2053 Registered No. 170

Hospital

FULL NAME OF CHILD Mynthon Shure Rich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Heber C.C. Rich	FULL MAIDEN NAME	Iva Sutton
RESIDENCE	Bloyd, Idaho #2	RESIDENCE	Bloyd, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	MT
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Aug 4 1913 W.E. Patrie

Registrar

Registrar

CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 9 1975

219-101-006-141

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 13 File No. 15013

Primary Registration District No. 2053 Registered No. 171

FULL NAME OF CHILD Myron L. Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 1 1913

FATHER	MOTHER
FULL NAME Louis L. Barnes	FULL MAIDEN NAME Beatrice Adams
RESIDENCE Blackfoot, Idaho + 2	RESIDENCE Blackfoot, Idaho + 2
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mutchett

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 4 1913 W. E. Lubrie Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—2m-3-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DECEASED

867-126-006-792

Form V. S. N. 41-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 194 Cassia St.

Registration District No. 13 File No. 15014

Primary Registration District No. 1007 Registered No. 172

Hospital Marcellus J.

FULL NAME OF CHILD ~~Boooooo~~ Hopkins Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 26 1913

FATHER

FULL NAME Butler W Hopkins

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Penn

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Lord. Gibson

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Neb.

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W Whitehead

(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

Filed Aug 4 1913 M. E. Patrick

..... Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WATERMARK PRESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 15014
AUG 4 1941
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Baxter Hopkins, Jr. (Name on original certificate) who born (Was born or died) on July 26, 1913 (Date of event)
in Blackfoot, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by letter from his mother (Bible record, insurance policy, etc.) prepared on July 6, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Baxter Hopkins, Jr.,	Marcellus J. Hopkins

Subscribed and sworn to before me this 30 day of July, 1941

Margaret Clark
Notary Public, residing at Boise, Idaho

My commission expires 7-19-42
[SEAL]

Signed Elsie L. Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1107½ State St. Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

8-15-41.

697-231-006-652

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 13 File No. 15015

No 661 S. Shilling Ave.

Primary Registration District No. 1007 Registered No. 173

Hospital

FULL NAME OF CHILD Evalyn Wilson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 31 1913

FATHER	MOTHER
FULL NAME Samuel W. Wilson	FULL MAIDEN NAME Martha West
RESIDENCE Blackfoot Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Penn. Punxsutawney	BIRTHPLACE Neb. Grand Island
OCCUPATION Merchant.	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McIntosh

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Filed Aug 4 1913 M. E. Parke

.....
Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C Rev. 6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

413 221-006-593

PLACE OF BIRTH

Form V. S. No. 11-C-60m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 15016

No. ..... St.

Primary Registration District No. 2029 Registered No. 174

Hospital .....

FULL NAME OF CHILD Esther Ruth ~~Unnamed~~ Matthies

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	July 21 (Month) (Day) 1913

	FATHER	MOTHER
FULL NAME	Jacob Harmon Matthies	Gussie Nickel
RESIDENCE	Aberdeen Ida	Aberdeen Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Russia	Kansas
OCCUPATION	~~Farm~~ Carpenter	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 22 1913 M. C. MacKinnon

..... Registrar

R-Y CO. 20174

Filed Aug 9-1913 M. E. Fabrick, Co. Reg. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 1 1945

CERTIFICATE OF BIRTH

PLACE OF BIRTH

3/5/41 L. B.

897-283-003-249

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 15017

No. 3075 Johnson St. — Primary Registration District No. 1007 — Registered No. 149

Hospital

FULL NAME OF CHILD Gertrude Rose Hagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	June 23 1913

	FATHER	MOTHER
FULL NAME	DeWitt Clinton Hagley	Ida Laura Smith
RESIDENCE	Pocatello, Ida	Pocatello Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Decatur, Neb.	Gaines, Mich
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Neely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 26 1913 O. P. Neely Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ACE OF BIRTH

[redacted]

392-1171603-569

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 645 So. 6 th Ave

Registration District No. 19 File No. 15018

Primary Registration District No. 1102 Registered No. 150

Hospital

FULL NAME OF CHILD Lish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 17 1913

FATHER		MOTHER	
FULL NAME	James A. Lish	FULL MAIDEN NAME	Clara Grace Norton
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Keed

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed June 20 1913 O. D. Keed

Registrar

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

235-213-603-599

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 620 S. 4th St.

Hospital

Form V. S. No. 11—16m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15019

Primary Registration District No. 1002 Registered No. 164

FULL NAME OF CHILD Alice Marie Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 13 1913

FATHER	MOTHER
FULL NAME: Thomas William Stevenson	FULL MAIDEN NAME: Josie Crickson
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: Provo, Utah.
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 13, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wadley M.D.

(Physician or ~~midwife~~)

Address Pocatello, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 15 1913 O. D. Leach Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 5—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

69-202-003-483

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ranch 4 miles north town.

Form V. S. No. 11—10m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15020

Primary Registration District No. _____ Registered No. 166

Hospital _____

FULL NAME OF CHILD Mary Wray.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes.	June 2 1913

FATHER	MOTHER
FULL NAME James C. Wray	FULL MAIDEN NAME Eliza Myler
RESIDENCE ranch north town	RESIDENCE ranch N. town
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Nyrum, Utah	BIRTHPLACE Clarkston, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 2, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 4 1913 O B Veach Registrar

R-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

493227.003-819

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 604 N. Garfield St.

Registration District No. 19 File No. 15021

Primary Registration District No. 1002 Registered No. 163

Hospital

FULL NAME OF CHILD Clara Winifred Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 27th 1913

FATHER		MOTHER	
FULL NAME	Charles Miller	FULL MAIDEN NAME	Emma Harris
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pocatello, Idaho.	BIRTHPLACE	England
OCCUPATION	Locomotive Engineer	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

(Signature) W. A. Wright

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed June 29 1913 O. B. Steele Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

463-204-003-691

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 607 S. Fifth St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 2

Primary Registration District No. 1002 Registered No. 65

FULL NAME OF CHILD Anna June Dolleer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes	June	4	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jed J. Dolleer	Myrtle Young
RESIDENCE	Pocatello Ida	Pocatello
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	18
BIRTHPLACE	Pocatello, Idaho	Pocatello Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on June 4 at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wadley (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 6 1913 O B Healy Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-212-003-638

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 836 N. Garfield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-2-15-13

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15023

Primary Registration District No. 1002 Registered No. 146

FULL NAME OF CHILD Margaret Florence Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	June 12th 1913

FATHER		MOTHER	
FULL NAME	Wm. Waldo Hunter	FULL MAIDEN NAME	Cecelia May Flynn
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Warrensburg Mo	BIRTHPLACE	Rock Island, Ill.
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 12/13, at 12 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed June 15, 1913 O P Keen
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 9 - 1945

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

CERTIFICATE OF BIRTH

City of Pocatello

Registration District No. 19 File No. 15024

No. 237 S. Garfield St.

Primary Registration District No. 1002 Registered No. 145

Hospital

FULL NAME OF CHILD Eldon Spencer Van Noy Jr.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	~	~	Yes	June 11th, 1913

(To be answered only in event of plural births)

FATHER

FULL NAME Nathan K. Van Noy

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Richmond Utah

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Pauline Petersen

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Aaborg Denmark

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 11/13 at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 12 1913

O B Healy
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

219-123-003-414

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 131 N. 3rd W. St.

Hospital

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15025

Primary Registration District No. 1007 Registered No. 148

FULL NAME OF CHILD John Ludwig Barta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 23rd 1913

FATHER		MOTHER	
FULL NAME	Jno Jos. Barta	FULL MAIDEN NAME	Annie Madsen
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. June 23/13 at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Carle M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 25 1913 O. B. Veach
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20a

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

89-22-003-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15026

County of Bannock

City of Pocatello

No. 141 N. Garfield St.

Registration District No. 19 File No.

Primary Registration District No. 1007 Registered No. 147

Hospital

FULL NAME OF CHILD Ida Maurine Harkey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓ (To be answered only in event of plural births)	✓	Yes	June 22nd 1913

FATHER	MOTHER
FULL NAME: Thos. J. Harkey	FULL MAIDEN NAME: Hattie Stansbury
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 28	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: Springfield, Mo.	BIRTHPLACE: Pilot Point, Tex.
OCCUPATION: Pipe Fitter R.R.	OCCUPATION: Housewife

Number of child of this mother including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. June 22/13 at 10:12 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Caselli

M D (Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 24 1913

W A Healy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

6.

SEP 19 1938

895-119-003-654

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 15027

County of Bannock

City of Pocatello

No. 205 So. 4th St.

Registration District No. 19 File No. 4

Primary Registration District No. 1902 Registered No. 151

Hospital

FULL NAME OF CHILD Emanuel Garza Hunsaker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	June 19 1913

FATHER		MOTHER	
FULL NAME	Emanuel M. Hunsaker	FULL MAIDEN NAME	Helen Virginia Hessner
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Ga.
OCCUPATION	Pharmacist	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 22, 1913 O. B. Lieuallen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Within City Limits)

SEP 20

386-20-0003-243

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15028

County of Bannock

City of Pocatello

Registration District No. 19 File No. 4

No. Thomson's Center

Primary Registration District No. 1002 Registered No. 152

Hospital Pocatello General

FULL NAME OF CHILD Elva Leona Thomson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		yes	6 — 7 1913

FATHER	MOTHER
FULL NAME Alexander Thomson	FULL MAIDEN NAME Maud M. Butler
RESIDENCE St Anthony R/d No 2 Box 16	RESIDENCE St Anthony R/d No 2 Box 16
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 049 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Butler Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M. D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed June 10, 1913

.....
Registrar

S-Y CO. 20175

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-BJ-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 15028
)ss
County of Bannock) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Jone (Name on original certificate) who was born (was born or died) on June 7, 1913 (Date of event) in Pocatello Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by (Bible record, insurance plcy.etc.) prepared on (date) are:

SEP 26 1941

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Elva Leone Thomson
Elva Leone Thomson, born June 7, 1913 at Pocatello, Idaho		Bannock County

JUN 13 1975

Subscribed and sworn to before me this 24 day of Sept. 1941

Signed Mamie M Thomson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

D. J. Rutter
Notary Public
Residing at 441 Hulbett (Street address, City, State) 2132 Atlanta Ave Long Beach Calif

My commission expires My Commission Expires June 5, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of California)
)ss
County of Los Angeles)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September 1941

Signed Ethel Kirkendall
(Signature of any credible person other than the previous affiant.)

D. J. Rutter
Notary Public
Residing at 441 Hulbett (Street address, City, State) 2132 Atlanta Ave Long Beach Calif

My commission expires My Commission Expires June 5, 1945

(SEAL)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-115-003-263

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15029

County of Bannock

City of Pocatello Registration District No. 19 File No. 4

No. 1536 N. Harrison St Primary Registration District No. 4002 Registered No. 134

Hospital Home

FULL NAME OF CHILD Babe Dryba (Druba)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5th	Yes	June 15 1913

FATHER		MOTHER	
FULL NAME	Pery Dryba	FULL MAIDEN NAME	Julia Kolunda
RESIDENCE	1536 N. Harrison	RESIDENCE	Germany [illegible]
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 5th. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 125 N 2nd Ave Pocatello Idaho

Filed June 18 1913

..... Registrar

8-Y CO. 20175

O B Healy Registrar

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-213-0003-863

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15030

County of Bannock

City of Pocatello

Registration District No. 19 File No. 4

No. 307 S. 7th Ave., St.

Primary Registration District No. 1002 Registered No. 154

Hospital

FULL NAME OF CHILD Talitha May Carlson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 13th, 1913

FATHER	MOTHER
FULL NAME: James Wesley Carlson	FULL MAIDEN NAME: Mary Emma Hall
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Clifton, Idaho	BIRTHPLACE: Bountiful, Utah
OCCUPATION: Blacksmith	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Haywards M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed June 15, 1913 O. B. Heath

Registrar

.....

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

289-210-003-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15031

County of Bannock

City of Pocatello

No. 1340 N. 2nd St.

Hospital ----------

Registration District No. 19 File No. 4

Primary Registration District No. 1002 Registered No. 156

FULL NAME OF CHILD Mary Mayona Byington

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	---	-----	Yes	June 10 1913

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER

FULL NAME: John Ernest Byington

RESIDENCE: Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Dempsey, Idaho

OCCUPATION: Machinist Helper

MOTHER

FULL MAIDEN NAME: Della May Tolman

RESIDENCE: Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Honeyville, Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10:25 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) W. J. Howard M.D.

(Physician or ~~midwife~~)

Address Pocatello Ida

Filed June 14 19 13 O. F. Neasley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15031

PLACE OF BIRTH

County of [illegible]

818-211-003-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15032

County of Bannock

City of Pocatello

Registration District No. 19 File No.

No. 334 W. Bonneville

Primary Registration District No. 1002 Registered No. 157

Hospital

FULL NAME OF CHILD Veda Myrtle Hayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	----	-----	Yes	June 11, 1913

FATHER	MOTHER
FULL NAME: William Julius Hayes	FULL MAIDEN NAME: Grace Irene Cady
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Fairmont, West Virginia	BIRTHPLACE: Cheyenne, Wyo.
OCCUPATION: Switchman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Address Pocatello, Ida.

Given names added from a supplemental report

....., 19.....

Filed June 12 1913 O. E. Green

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 10-100

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 2 8 2013

NOV 2 1942

243-111-003-845

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15033

County of Bannock

City of Pocatello

Registration District No. ..... File No. 4

No. 1307 N. 3rd Ave. St.

Primary Registration District No. ..... Registered No. 58

Hospital ---------

FULL NAME OF CHILD Lawrence Washington Butterfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	------	------	Yes	June 11, 1913

FATHER	MOTHER
FULL NAME: William Holsey Butterfield	FULL MAIDEN NAME: Annie Cecelia Marie Quest
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	AGE AT LAST BIRTHDAY (Years): 39
COLOR: White	AGE AT LAST BIRTHDAY (Years): 30
BIRTHPLACE: Ozford, Idaho	BIRTHPLACE: Sweden
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Address Pocatello

Filed June 13 19 13

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C ...Jan.-1941

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1502

PLACE OF BIRTH

County of ...

SD

SSD-12-1003-466

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 15034

County of Bannock

City of Pocatello

Registration District No. 19 File No. 4

No. 633 N. Grant St.

Primary Registration District No. 1002 Registered No. 139

Hospital ----------

FULL NAME OF CHILD Ralph Elmer Newton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	---	---	Yes	June 12th 1913

FATHER	MOTHER
FULL NAME: William E. Newton	FULL MAIDEN NAME: Bessie Moffatt
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Eaton, Colorado	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Address Pocatello Ida

Filed June 14 1913 O. B. Steely

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

FEB 25 1974

414-15-003-414

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 15035

County of [redacted]

City of Pocatello

Registration District No. 19

File No.

No. 1350, S. 3rd St.

Primary Registration District No. 1002

Registered No. 160

Hospital ---------

FULL NAME OF CHILD [redacted] Smith Raymond Michael

Sex of Child	Twin, Triplet, or other? --- and Number in order of birth --- (To be answered only in event of plural births)	Legitimate? No	Date of birth June 15 (Month) (Day) 1913 (Year)
Male			

FATHER	MOTHER
FULL NAME ✓	FULL MAIDEN NAME Jane E. Madsen
RESIDENCE ✓	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Mayo County, Ireland	BIRTHPLACE Gunnison, Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:10A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed June 18 1913

O. P. Keely

Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

15035

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. So. 3rd Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. So. 3rd Ave
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raymond Michael Smith

5. Date of Birth of Child (Month, day, year) 6/15/1913

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane D. Smith
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Gunnison (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Wm. P. Howard (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jane D. Smith Signature

2785 Bryant St., San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of September, 19 42

(SEAL) NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA

Notary Public, residing at San Francisco County

MY COMMISSION EXPIRES DECEMBER 31, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 21 1942 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

342.124.003.685

PLACE OF BIRTH

County of Bannock

City of Pocatello,

No. 38 N. Harrison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]—10m-8-15-12

CERTIFICATE OF BIRTH

1[redacted]6

Registration District No. _____ File No. 4

Primary Registration District No. _____ Registered No. 161

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			yes	June 24 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Tubbs	Marion Maud Wheelock
RESIDENCE	Pocatello, Ida.	Pocatello Ida
COLOR	white	White
AGE AT LAST BIRTHDAY	40 (Years)	35 (Years)
BIRTHPLACE	Morgan, Utah	Woodruff, Utah
OCCUPATION	Charge of Wrecker	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, June 24, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Smith Woolley

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

Filed June 26 19 12 O. B. Healy

..... Registrar

Registrar

R-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

447217-003-555

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 124 N. 4th Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 16-20m-2-15-13

CERTIFICATE OF BIRTH

16037

Registration District No. 19 File No. 4

Primary Registration District No. 1002 Registered No. 158

FULL NAME OF CHILD Babe of Dugeins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	June 17 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Wilburn Dugeins	FULL MAIDEN NAME Myrtle Everh.
RESIDENCE 124 N. 4th Ave.	RESIDENCE 124 N. 4th Ave.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Dilmore Utah	BIRTHPLACE Mont Phesent Utah
OCCUPATION Farmer	OCCUPATION House wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Address 125 n 2nd Ave

Given names added from a supplemental report

....., 19.....

Filed June 20, 1913 O. B. Steele
Registrar

.....
Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

243-225-003-993

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 N. Harrison

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15—10m-8-15-12

CERTIFICATE OF BIRTH

15038

Registration District No. _____ File No. 4

Primary Registration District No. _____ Registered No. 162

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 25 1913

FATHER		MOTHER	
FULL NAME	Leo Otis Butler	FULL MAIDEN NAME	Annie Rich
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Pittsburg, Penn.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on June 25 at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 27 1913

O B Sloan Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—1909.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1503

PLACE OF BIRTH

County of

24 [redacted] 020-417

[redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Grouse Creek

Registration District No. ____ File No. 15039

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Crawford Daniel Smith.

Sex of Child: M.	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes.	Date of birth: June 21 (Month) (Day) 1913 (Year)	

FATHER		MOTHER	
FULL NAME	Edgar Smith.	FULL MAIDEN NAME	Pearl Maples.
RESIDENCE	Grouse Creek	RESIDENCE	Grouse Creek.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Florida	BIRTHPLACE	Arkansas.
OCCUPATION	Foreman U.S.R.S.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Joseph W. Shaw

Physician

(Physician or Midwife)

Address Arrowrock

Filed July 19 13 B. W. Mather By Inst Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] - YORK CO., PTRS. & ENGS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

BIRTH [redacted] 1947

JUN 22 1967

138-180-020-663

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 15040

No. ——, ——— St.

Primary Registration District No. 2020 Registered No. 44

Hospital ——

FULL NAME OF CHILD Augustus Albert Atha

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 10th 1913

FATHER		MOTHER	
FULL NAME	Augustus A. Atha	FULL MAIDEN NAME	Dora W. Wolfe
RESIDENCE	Hammett	RESIDENCE	Hammett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or Midwife)

Address Mountain Home

Filed 6/12 1913 B. W. Mather Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Division of Vital Statistics
CERTIFICATE OF BIRTH

JUL 20 1942

PLACE OF BIRTH

Clinic

OCT 22 1997

JUL 18 1942

696-204-020-296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 15041

No. —, —— St.

Primary Registration District No. 2020 Registered No. 45

Hospital —

FULL NAME OF CHILD Vivian June Frost

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas A Frost	Minnie C. Brown
RESIDENCE	Mtn Home	Mtn Home
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 28	W. 29
BIRTHPLACE	Russia	Illinois
OCCUPATION	Painter	At Home

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Hadley

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed June 20th 1913 B. C. McMathen Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 3 1974

993230-020-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 34 — File No. 15042

No. —— St. — Primary Registration District No. 2020 — Registered No. 46

Hospital ——

FULL NAME OF CHILD Helen Elizabeth Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		7th	yes	June 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward C. Rice	Maude Ashburn
RESIDENCE	Cold Springs Idaho	Cold Springs Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Minnesota	Nebraska
OCCUPATION	Rancher	Housekeeper

Number of child of this mother, including present birth seven — Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH [illegible] M[illegible]

(Physician or midwife)

Address Mountain Home, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 5th 1913 B. W. Walker Registrar

.....
Registrar

8-Y CO. 20174

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

399-104-020-215

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Jerome

No. —, — St.

Hospital

Registration District No. 20

Primary Registration District No. 2021

File No. 15043

Forty three

Registered No. 43

FULL NAME OF CHILD Julia Eldon Trimble

June (B.O.M.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Single~~	2	yes	June 4 1913

FATHER		MOTHER	
FULL NAME	Willis J. Trimble	FULL MAIDEN NAME	Clara Sands
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive June (B.O.M.) 4 1913 at 11 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M. B. Campbell

Nurse. No Physician

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19....

Filed June 16 1913

J. W. Davis M.D.

Registrar

B.W. Mather

Registrar

S-Y CO., 16670

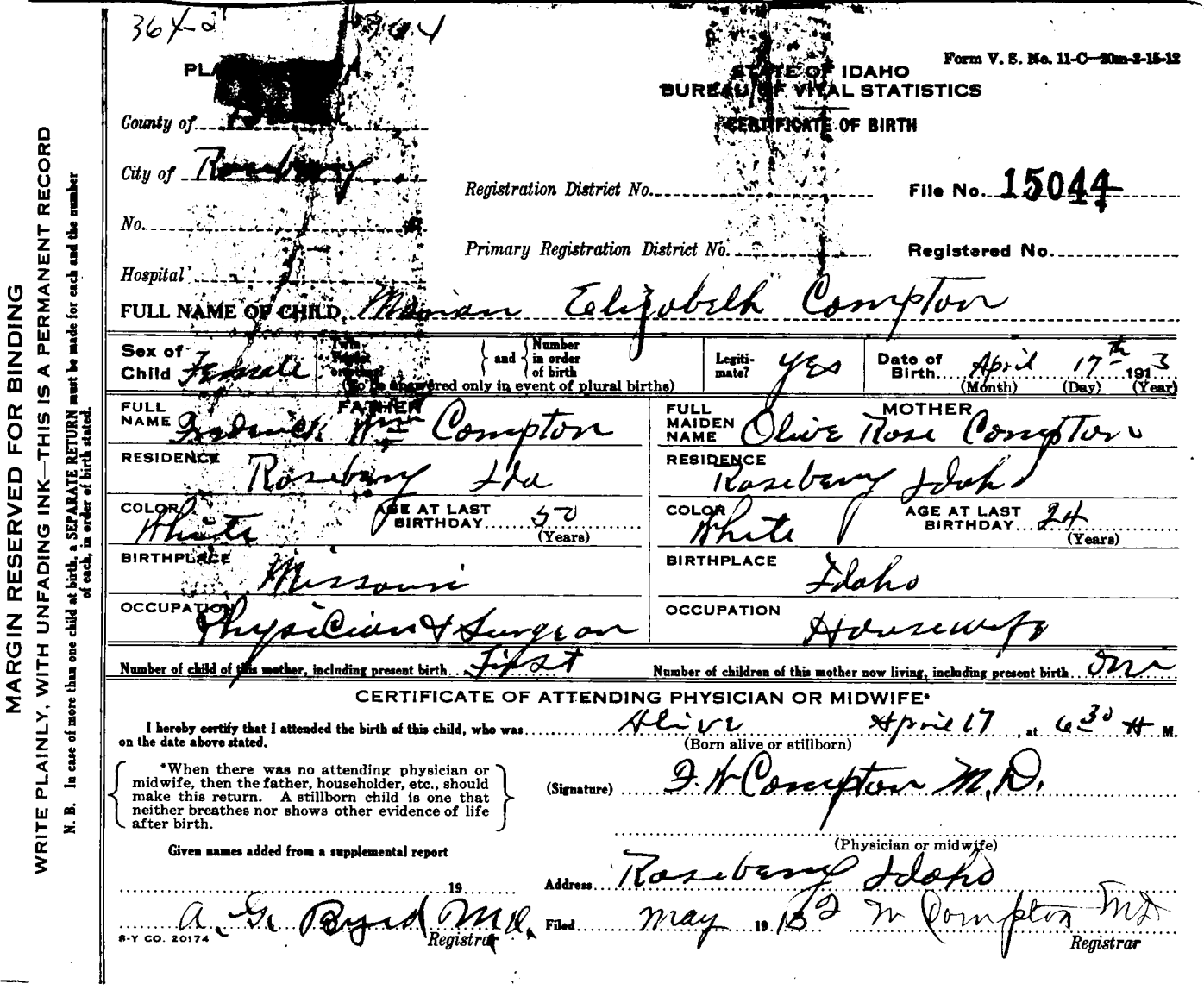
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO



364-a

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PL[redacted]

County of [redacted]

City of Rosebury

No.

Hospital

Registration District No.

File No. 15044

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Millicent Elizabeth Compton

Sex of Child Female | Twin, triplet, or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 17th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Frederick Wm Compton	FULL MAIDEN NAME Olive Rose Compton
RESIDENCE Rosebury Ida	RESIDENCE Rosebury Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Physician & Surgeon	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive April 17 at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Compton M.D.
(Physician or midwife)

Address Rosebury Idaho

Given names added from a supplemental report

.....19.....

A. G. Boyd M.D.
Registrar

Filed May 19 13 F. W. Compton M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y12-22-008-363

PLACE OF BIRTH

County of Boise

City of Roseburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15045

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Carol Lee Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Arthur Mason	FULL MAIDEN NAME	Isa May Colclesser
RESIDENCE	Unknown	RESIDENCE	Roseburg Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ireland	BIRTHPLACE	Vernon Co. Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4—16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Compton M.D.

(Physician or midwife)

Address Roseburg Idaho

Given names added from a supplemental report

..... 19.....

A. G. Rydell Registrar

Filed May 19 13

D. W. Compton Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-5-15-44

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 13 1944

155-104-008-367

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Rosebury

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15046

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Avery, Claud Chester

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	8th Child	Yes	June 11 1913

FATHER		MOTHER	
FULL NAME	George R. Avery	FULL MAIDEN NAME	Eva Mary Cox
RESIDENCE	Rosebury Idaho	RESIDENCE	Rosebury Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Compton M.D.

(Physician or midwife)

Address Rosebury Idaho

Given names added from a supplemental report

..... 19.....

A. G. Registrar

Filed 6/18 1913 D. W. Compton Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DECEASED

262-207-208-23

PLACE OF BIRTH

County of Boise

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 15047

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Elsie Johanna Koskella

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Gustof J. Koskella	FULL MAIDEN NAME	Hanna Baliforri
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Compton
(Physician or midwife)

Address Roseberry Idaho

Given names added from a supplemental report

19 ____

A. D. Ragsdale
Registrar

Filed July 19 13 Dr Compton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1967

155-104-1008-367

Form V. S.-No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bruneau

City of Rosebury

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15048

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Avery, Clyde Lester

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	First	Yes	June 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George R. Avery	FULL MAIDEN NAME	Eva Mae Cox
RESIDENCE	Rosebury Idaho	RESIDENCE	Rosebury
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Compton M.D.

(Physician or midwife)

Address Rosebury Idaho

Given names added from a supplemental report

..... 19.....

..... A. G. Boyd Asst. Registrar

Filed 6/18 19 13 [redacted] Registrar

8-Y CO. 20M-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 0 1976

220 - 008-354

PLACE OF BIRTH

County of Boise

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15049

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD BONNIE MYRTLE YANCEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 20 1913

FATHER	MOTHER
FULL NAME Jerry A. Yancey	FULL MAIDEN NAME Eva May Lemon
RESIDENCE Roseberry	RESIDENCE Roseberry
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Keytesville Mo	BIRTHPLACE Gordon Neb
OCCUPATION Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Compton M.D.

(Physician or midwife)

Address Roseberry, Idaho

Given names added from a supplemental report

..... 19.....

A. G. Byrd M.D. Registrar

Filed July 1913 J. H. Compton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Los Angeles }

Certificate No. 15049

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Bonnie Myrtle
Surname	Yancy	Yancey

Subscribed and sworn to before me this 20
day of Nov., 19 42

Grant Lane
Notary Public, residing at Torrance

My commission expires Nov. 18 1943
(SEAL)

Signed Eva M. Yancey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

725 Harbor Hills, Lomita, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of Novemba 19 42

B. Catrena E. Graham
Notary Public, residing at Burbank, Calif.

My commission expires My Commission Expires March 10, 1943
(SEAL)

Signed Frank Koch
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2008 S. Flower Burbank Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 25 1942

215-220-008-811

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bois

City of Roseberry

No. ..... St.

Hospital .....

Form V. S. [illegible]-O—30m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15050

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Karvala, Ellen J.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 20 1913

FATHER		MOTHER	
FULL NAME	John Karvala	FULL MAIDEN NAME	Ida Haarla
RESIDENCE	Roseberry Ida	RESIDENCE	Roseberry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5- P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Compston M. D.

(Physician or midwife)

Address Roseberry Idaho

Given names added from a supplemental report

..... 19.....

A. L. Byrd Registrar

Filed July 19 13

Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [illegible]

PLACE OF BIRTH

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 1 30 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Umatilla } ss.

Certificate No. 15050

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Korvola (female) (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1913 (Date of Event)
in Roseberry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Passport - Social Security card (Bible Record, Insurance Policy, Etc.) prepared on June 1957 & 12/8/36 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ellen Johanna Korvola

Subscribed and sworn to before me this 24th day of February, 19 75.

Notary Public, residing at Pendleton, Oreg
My commission expires My Commission Expires Oct. 14, 1977
(Seal)

Signed John E. Korvola
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4201 S.W. Day Apt Pendleton OR
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/17/75 nm

Social Security Card (541-01-2351) gives name as Ellen Joanne Korvola. dated 12-18xx 1936. viewed by V. S.

MAR 2 5 1975

Passport dated June 21, 1957 gives nameas Ellen Jo. Bradley. born June 20, 1913. v Viewed by V. S.

Badley.

249-620-6084433

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20

County of Boise

City of ..... Registration District No. ..... File No. 15051

No. ....., ... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Not given GEORGE HOWARD SMITH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M		1	yes	JUNE 20 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas C Smith	Esther McConnell
RESIDENCE	Farm	Farm
COLOR	wht	wht
AGE AT LAST BIRTHDAY	25 (Years)	27 (Years)
BIRTHPLACE	West Va	West Va
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Smith MD

(Physician or Midwife)

Given name added from a supplemental report

..... 19..... Address .....

A. G. Bjorklund Registrar Filed July 19 13 Registrar

S-Y CO., 10669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 26 1942
County of Ada }

Certificate No. 15051
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Male Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 6-19-13 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	named	George Howard
birthdate	6-19-13	6-20-13

Subscribed and sworn to before me this 26th
day of January, 1942

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

Signed Ed Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Smith's Ferry, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of January, 1942

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

Signed Chas Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Smith's Ferry, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

JAN 26 1942

994 115 008-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boise

City of

No ....., ... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15052

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Chester Winfield Zimmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4th	Yes	March 15 1913

FATHER		MOTHER	
FULL NAME	Carl Zimmer	FULL MAIDEN NAME	Eva Gertrude Phillips
RESIDENCE	Pinehurst	RESIDENCE	Pinehurst
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Dwight Ill	BIRTHPLACE	Marshall Mo.
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 45 a M. on the date above stated.

(Signature) Alfred Skippen

Physician (Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

A. G. Byrd Mal. Registrar

Filed Mar. 19 13

Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SYMS - YORK CO., PTRS. & BOOK. 17825

Dup of 1913-274377

396-11-008-511

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Boise

City of Vanwyck

Registration District No. ..... File No. 15053

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Jack Maxwell~~ CECIL CLAUDE CROSS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	4 11 1913

FATHER		MOTHER	
FULL NAME	Lawrence Cross	FULL MAIDEN NAME	Myrtle DeHaas
RESIDENCE	Vanwyck	RESIDENCE	Vanwyck
COLOR	WHT	COLOR	WHT
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

(Signature) G B Hogg M.D.

(Physician or Midwife)

Address .....

Filed April 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19....

A. G. Byrd M.D.

Registrar

S-Y CO., 18968

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 2 2 1953

295-217008-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Vanwyck Registration District No. File No. 15064

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ruth Kretchmere

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fm		4	Yes	4 17 1913

FATHER		MOTHER	
FULL NAME	Edward F Kretchmere	FULL MAIDEN NAME	Edna Laird
RESIDENCE	Vanwyck Ida	RESIDENCE	Vanwyck
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Mchnst.	OCCUPATION	House Keeping.

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Hoggle

(Physician or Midwife)

Given names added from a supplemental report

, 19 Address

, 19 Filed May 19 13

A. G. L. Byrd and

Registrar

Registrar

8-Y CO., 15870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-11-1008-442

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 15065

County of Bois

City of Vanmeyck

Registration District No.

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Chas. C. Dunn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	5 — 16 — 1913

FATHER		MOTHER	
FULL NAME	Rolf Dunn	FULL MAIDEN NAME	Nettie Jukes
RESIDENCE	Vanmeyck	RESIDENCE	Vanmeyck
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ark	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Spoggle

(Physician or Midwife)

Address Vanmeyck Ida

Given name added from a supplemental report

, 19

Filed May 5, 1913 19

A. G. Byrd Registrar

Registrar

S-Y CO., 18666

3·24/41 Z.J.

635-2

PLACE O[redacted] DAHO

Form V. S. No. 11-C—15m-6-20-11

Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Ivaradsburg

Registration District No. _____ File No. 15057

No. _____, _____ St.

Primary Registration District No. 2019 Registered No. 24

Hospital _____

FULL NAME OF CHILD Mary Oleson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	4 30 1913

FATHER		MOTHER	
FULL NAME	Ole Oleson.	FULL MAIDEN NAME	Emma Dokka
RESIDENCE	Ivaradsburg.	RESIDENCE	Ivaradsburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway.
OCCUPATION	Miner	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.0 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Fitz

Physician (Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

_____, 19____

A. D. Byrkland Registrar

Filed May 19 13 C. L. Fitz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

'10 OF 1913 D 70-767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-25-11

PLACE OF BIRTH

County of Boise

City of Arrowrock Registration District No. File No. 15058

No. Deer Creek Blvd.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Edna May Wilson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	—	Yes	Jan 14, 1913.

FATHER		MOTHER	
FULL NAME	George W. Wilson	FULL MAIDEN NAME	Lillian E. Underwood
RESIDENCE	Arrowrock —	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36.
BIRTHPLACE	California	BIRTHPLACE	Montana.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address Arrowrock — Idaho

Given names added from a supplemental report

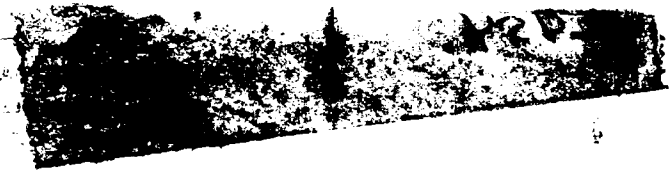
....., 19.....

A. G. Boyd Registrar

Filed Jan 19 13

Registrar

S-Y CO., 16670



JUN 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-[redacted]

PLACE [redacted]

Form V. S. No. 11-D—[illegible]

[redacted] IDAHO

BUR[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Kimberly

36

15059

Registration District No. ____ File No. ____

No. ____ St.

2084

1

Primary Registration District No. ____ Registered No. ____

Hospital ____ Guy Nelson

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	8	yes	July 16 1913

FATHER		MOTHER	
FULL NAME	A. F. Nelson	FULL MAIDEN NAME	Virginia Poulsen
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR		COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Copenhagen Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Whyte

Kimberly Idaho

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address [redacted]

July 16 1913

John D. Whyte

Registrar

8-Y CO. 20174

MAY 2 6 1976

28-N-13-00249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine Registration District No. 58 File No. 15060

No. ____, ____ St.

Primary Registration District No. 2138 Registered No. ____

Hospital ____

FULL NAME OF CHILD Unnamed, Shank

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	yes	7 13 1913

FATHER	MOTHER
FULL NAME J B Shank	FULL MAIDEN NAME Fern Mitchell
RESIDENCE Blaine Ida	RESIDENCE Blaine Ida
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-13-13, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Del Watt Briggs

Physician
(Physician or Midwife)

Address Baldwin Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1913

Registrar

Registrar

Was born before I arrived Doc

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

28/-113:007-483

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-Certificate-630-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine Registration District No. 58 File No. 1506

No. ____, ____ St. Primary Registration District No. 2138 Registered No. ____

Hospital ____

FULL NAME OF CHILD Un named, Shank

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1	yes	July 13, 1913

FATHER		MOTHER	
FULL NAME	J B Shank	FULL MAIDEN NAME	Gwen Mitchel
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 13-13, at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Watt Briggs

Physician (Physician or Midwife)

Address Salmon Ida

Filed July 19 13

Given names added from a supplemental report

____, 19____

____ Registrar

Registrar

Was born before I arrived D.W.B.

9-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

418-208-007-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 58

File No. 15062

No. ____, ____ St.

Primary Registration District No. 2138

Registered No. ____

Hospital ____

FULL NAME OF CHILD Della Louise Mayer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7, 8, 1913

FATHER		MOTHER	
FULL NAME	Theo Mayer	FULL MAIDEN NAME	Laura Adams
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 8 13, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Riggs M.D.

Physician
(Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

....., 19.....

Filed July 19 13 D. P. Riggs

.....
Registrar

.....
Registrar

S-Y CO., 16670

433.413.007-132

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Carnal

Registration District No. 38 File No. 15063

No. ....., ... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lavina Mae Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	7, 13, 1913

FATHER		MOTHER	
FULL NAME	Cardis McCarter	FULL MAIDEN NAME	Inosa Atkins
RESIDENCE	Carnal, Ida	RESIDENCE	Carnal Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Ky.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) DeWitt B. Higgs

Physician

(Physician or Midwife)

Address Salmon Ida

Filed July 19 13 D. B. Higgs Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1952

463-11-0077753

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Amended 10/1/74

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 38

File No. 1506

No. ____, ____ St.

Primary Registration District No. 2138

Registered No. ____

Hospital ____

FULL NAME OF CHILD Lloyd Curtis Malmsee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7, 17, 1913

FATHER		MOTHER	
FULL NAME	O A Malmsee	FULL MAIDEN NAME	Julia Peterson
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Sweeden	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY	39 (Years)
		BIRTHPLACE	Sweeden
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Higgs

Physician (Physician or Midwife)

Address Soldier Ida

Filed July 1913 D. W. Higgs Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 1 10 59 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 15064

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Andy Moline (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1913 (Date of Event)
in Soldier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Andy	Lloyd Curtis Moline

Subscribed and sworn to before me this 26 day of Sept, 1974

Elaine D. Davis
Notary Public, residing at Gooding Idaho
My commission expires 1-24-77
(Seal)

Signed Edward Thomas Dl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Sept, 1974

Elaine D. Davis
Notary Public, residing at Gooding Ida
My commission expires 1-24-77
(Seal)

Signed W. C. Thompson
(Signature of Any Credible Person)

Gooding Ida
(Street Address, City, State)

FORM DH 60-155

OCT 1 1974

Cradle Roll Certificate Soldier Methodist Episcopal Sunday School
Lloyd Curtis Moline born July 17, 1913 - Enrolled Oct. 12,1913
C. H. Varnum , Pastor.
Viewed by VS

Family bible by family - Obviously Old gives name as Lloyd Curtis Moline born
July 17, 1913 at Soldier Idaho.
Viewed by VS

712-218-007-753-

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine — Registration District No. 38 — File No. 15065

No. ____, ____ St.

Primary Registration District No. 2138 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary May Gaskill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	7 / 15 / 1913

FATHER		MOTHER	
FULL NAME	Perry Gaskill	FULL MAIDEN NAME	Florence Peck
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 7-18-13, at 4 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. L. Griffith

Physician
(Physician or Midwife)

Address Baldwin Ida

Filed July 19 13 D. L. Griffith
Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-299693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212035-692

Amended 1/2/76

Form V. S. No. 11-C—20m-2-15-26

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

City of Agatha

No. ..... St.

Hospital .....

Registration District No. 16 File No. 15066

Primary Registration District No. 7074 Registered No. 2

FULL NAME OF CHILD Margaret Elizabeth Boatsman

Sex of Child: Girl

Twin, Triplet, or other: Single

Number in order of birth: Eighth

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: July 12th 1913 (Month) (Day) (Year)

FATHER

FULL NAME: William Boatsman

RESIDENCE: Agatha, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 53 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Louisa Fisher

RESIDENCE: Agatha, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: Eight

Number of children of this mother now living, including present birth: Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 1.50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kincaid M.D.

(Physician or midwife)

Address Gifford, Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-4 1913

E. E. Watts

Registrar

..... Registrar

8-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish }

Certificate No. 15066

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Margarett Elizabeth Bootsmann (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1913 (Date of Event) in Agatha, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Margarett Elizabeth Bootsmann	Margaret Elizabeth Boatsman
Father's last name	Bootsmann	Boatsman

Subscribed and sworn to before me this 11th day of November, 1975

Notary Public, residing at Snohomish County

My commission expires July 15, 1979

(Seal)

Signed Jesuretta M. Boatsman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 605 Monroe, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1975

Notary Public, residing at Bellevue, West

My commission expires 7-15-79

(Seal)

Signed Grayson W. Tidall
(Signature of Any Credible Person)

511-108 N.E. Bellevue, Wn 98004
(Street Address, City, State)

Jackie M Erbaugh Notary

FORM DH 60-155 CL 8/3/71 nm

Graduation Exercises lists name as Margaret E Boatsman. June 13, 1932
Marysville, California. viewed by V. S. JAN 2 1976

Notification of Birth Registration from Montana gives child's name as Betty Jean Lyle born Aug 26, 1944 at Helena, Montana. No. Hel 10882. father's name as Thomas Leslie Lyle and mother's name as Margaret Elizabeth Boatsman. viewed VS

997-215-075-263

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 15067

Primary Registration District No. 2170 Registered No. 1

FULL NAME OF CHILD Selma Freda Mary Riggers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		7	yes	7 15 1913

FATHER		MOTHER	
FULL NAME	Henry Riggers	FULL MAIDEN NAME	Mary Kothe
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living at 5. a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-16- 1913 E. E. Watts

..... Registrar

R-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. II-C- 2/11-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

652-226-035

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at the same birth, a SEPARATE RETURN must be made for each and the number of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 15068

Primary Registration District No. 2170 Registered No. 4

FULL NAME OF CHILD Nellie Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Girl	Single	5	Yes	July 26

FATHER	MOTHER
FULL NAME Thomas Webb	FULL MAIDEN NAME Maud Mulkey
RESIDENCE Gifford Idaho.	RESIDENCE Gifford Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39. (Years)	AGE AT LAST BIRTHDAY 37. (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION House Wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Herrington M.D.

(Physician or midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 8-4 1913 E. E. Watts

Registrar

..... Registrar

8-Y CO. 20174

SEP 2 1 1945

253-219-075-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Nezperce

City of Summit Ida

Registration District No. 92 76

File No. 15069

No. ____ St.

Primary Registration District No. 2870

Registered No. 3

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Single	3	yes	July 8th 1913

FATHER

FULL NAME: Fred. H. Beloit

RESIDENCE: Summit Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Orita McKenzie.

RESIDENCE: Summit, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Missouri

OCCUPATION: House Wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 9.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Humphrey M.D.

(Physician or midwife)

Address Ford Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-4 1913

E. E. Watts

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BELOIT

Dup of 1913 - DE49-1655

360-201-014-369

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4

File No. 15070

Primary Registration District No. 1008

Registered No. 244

244

FULL NAME OF CHILD Eloise Cartner Lowery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	4	yes	July 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas R Lowery	Lora Cartner
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	26 (Years)
BIRTHPLACE	Scott Kans	Long Prairie Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1045 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) C A Berto MD

(Physician or Midwife)

Address Payette

Filed July 19, 1913 J. C. Woodward

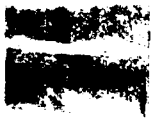
Registrar

____ 19____

Registrar

S-Y CO., 16670

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15070

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lowery	Eloise Cortner Lowery

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs C. R. Lowery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUL 12 1945

168-205-01K-618

PLACE OF BIRTH

Form V. S. No. 11-C-10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 15071

Registered No. ~~248~~ 245

FULL NAME OF CHILD Ella Boyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	-	yes	July 5 1913

FATHER

FULL NAME Charles E. Boyer

RESIDENCE Five miles North East of Payette.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Colorado.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gertie Wayne

RESIDENCE With husband

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska.

OCCUPATION Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette, Idaho

Filed July 19 1913 J. C. Woodward
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1975

268-107-01X-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C—20m-2-15-13

CERTIFICATE OF BIRTH

15072

County of Canyon

City of Payette

No. 1029 North 6th St.

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. ~~204~~ 246

Hospital

FULL NAME OF CHILD La Moine Russell Bohannon

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	July 7 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Benjamin Bohannon	FULL MAIDEN NAME: Jennie Gorham
RESIDENCE: 1029 N. 6th St. Payette, Ida.	RESIDENCE: 1029 N. 6th St. Payette Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 19, 1913 J. C. Woodward

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Town's or

BIRTHDAY

(Year)

SIS. 117.01 X 493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 217 N. 10th St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 15073

Registered No. 247

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-	-	Yes	July 17 1913

FATHER		MOTHER	
FULL NAME	J. H. VanNatta	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	217 N. 10th St. Payette	RESIDENCE	217 N. 10th St. Payette.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address PAYETTE, IDAHO

Given names added from a supplemental report

.....19.....

Registrar

Filed July 19 1913 J. C. Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

BIRTHDAY

4932070-014-419

PLACE OF BIRTH

STATE [redacted] Form 2-15-12

BUREAU OF [redacted]

CERTIFI[redacted]

County of Canyon

City of Payette

Registration District No. 4 File No. 15074

No. 1011 First Ave. S. St.

Primary Registration District No. 1008 Registered No. ~~2002~~ 248

Hospital

FULL NAME OF CHILD Unnamed Reva LaReine Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				July 7, 1913

FATHER	MOTHER
FULL NAME Otto C. Miller	FULL MAIDEN NAME Martha Martin
RESIDENCE 1011 First ave. S. Payette, Ida	RESIDENCE 1011 First Ave. So. Payette, Ida.
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ohio.	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 27 (Years)
	BIRTHPLACE Ohio
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 19 19 13 J. C. Woodward
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15074

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Rera LaRene Miller
Birthdate	No date	July 7, 1913

Subscribed and sworn to before me this ..... day of 19 47

Notary Public, residing at Preston Ida

My commission expires 2-11-47
(Seal)

Signed Martha L. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

APR 7 1980

685-228-014-3

PLACE OF BIRTH

County of Canyon

City of Payette

No. 302 N First St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

District No. 4

File No. 15025

Registration District No. 1008

Registered No. 249

FULL NAME OF CHILD Thelma May Wherry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	and Number in order of birth	yes	July 28 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. B. Wherry	FULL MAIDEN NAME	Lizzie Cordier
RESIDENCE	302 N First St	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Draymen	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 29 1913 J. C. Woodward
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1968

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of CANYON COUNTY IDAHO CERTIFICATE OF

City of PAYETTE IDAHO Registration District No. 4 15076

No. ....., ... St. Primary Registration District No. 1008 Registered No. 250

Hospital .....

FULL NAME OF CHILD Mahala Jacquette Sinclair

Sex of Child Girl | Twin or Triplet? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth July 23 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME W A H Sinclair	FULL MAIDEN NAME Nora E Sinclair
RESIDENCE Falk	RESIDENCE Falk
COLOR white AGE AT LAST BIRTHDAY 33 (Years)	COLOR white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Portage Utah	BIRTHPLACE Portage Utah
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs Sarah E Haagland

midwife

(Physician or Midwife)

Address .....

Filed July 29 19 13 J O Woodward Registrar

S-Y CO., 16666

Form 9-331 C
(May 1963)

STATE OF IDAHO

DEPARTMENT OF THE INTERIOR

JUL 26 1974

914 115-070-01

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BU[redacted] VITAL STATISTICS

Form V. S. No. 11 [redacted]

CERTIFICATE OF BIRTH A+B

Registration District No. 41 File No. 15077

Primary Registration District No. 2116 Registered No. 1 and 2

FULL NAME OF CHILD Franklin Kane Ramey and Fredrick Kane Ramey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	and	Yes	July 15th 1913

FATHER		MOTHER	
FULL NAME	Robt E Lee Ramey	FULL MAIDEN NAME	Elizabth Ja Kane
RESIDENCE	Rabbit-Fork Ida	RESIDENCE	Rabbit-Fork Ida
COLOR	White	COLOR	Whit-
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wisc
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-25-1913 Helen L. Smith Registrar

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

DUP OF 1913 -19975

914 115-070-01

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BU[redacted] VITAL STATISTICS

Form V. S. No. 11 [redacted]

CERTIFICATE OF BIRTH A+B

Registration District No. 41 File No. 15077

Primary Registration District No. 2116 Registered No. 1 and 2

FULL NAME OF CHILD Franklin Kane Ramey and Fredrick Kane Ramey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	and	Yes	July 15th 1913

FATHER		MOTHER	
FULL NAME	Robt E Lee Ramey	FULL MAIDEN NAME	Elizabth Ja Kane
RESIDENCE	Rabbit-Fork Ida	RESIDENCE	Rabbit-Fork Ida
COLOR	White	COLOR	Whit-
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wisc
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-25-1913 Helen L. Smith Registrar

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

DUP OF 1913 -19975

693-22-0304/68

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15078

County of Lemhi

City of Salmon

No ....., ... St.

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 3

Hospital .....

FULL NAME OF CHILD Margaret Virginia Wicklund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes.	6 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Wicklund	Frida Johnson
RESIDENCE	Salmon, Ida	Salmon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Stratton, M.D.

(Physician or midwife)

Address Salmon, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-26-1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

JUN 1 0 1975

STATE OF IDAHO

OCCUPATION

319-120-030-342

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 15079

Primary Registration District No. 2116 Registered No. 4

FULL NAME OF CHILD Robert Dickerson Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 10 1913

FATHER		MOTHER	
FULL NAME	William M. Carpenter	FULL MAIDEN NAME	Loula M. Tubbs
RESIDENCE	Tendoy Ida.	RESIDENCE	Tendoy Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Stratton, M.D.

(Physician or Midwife)

Address Salmon, Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-26-1913 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 10 1942

STATE OF IDAHO
Bureau of Vital Statistics

DEC 06 2012

OCT 27 1976

691-183-032231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-[illegible]

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 15080

Primary Registration District No. 2116 Registered No. 5

FULL NAME OF CHILD Kenneth Woodrow Wray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	July 23 (Month) (Day) 1913 (Year)

FATHER

FULL NAME John Wood Wray

RESIDENCE Salmon Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE England

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Esther Bluse

RESIDENCE Salmon Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Montana

OCCUPATION Home maker

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Ida.

Filed 7-26 1913 Helen L. Smith

Registrar

..... Registrar

S-Y CO. 24655

Amended Dec. 9, 1952

PLACE OF BIRTH

168-117:003-884

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15081

Primary Registration District No. 2046 Registered No. 192

FULL NAME OF CHILD DEVERE CHARLES JOHNSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	JULY 17 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER

FULL NAME: Mark L. Johnson

RESIDENCE: Downey, Idaho

COLOR: white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE: Springville, Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Ida Hyde

RESIDENCE: Downey, Idaho

COLOR: white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE: Kaysville, Utah

OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Casper W. Pond, M.D.

(Physician or midwife)

Address Downey, Idaho

Filed Aug. 10 1913 Ellis Kakley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 15081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Louis Johnson (Name on Original Certificate) who Born (Was Born or Died) on July 17, 1913 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on Dec. 7, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Louis Johnson	Devere Charles Johnson

Subscribed and sworn to before me this 4th day of December, 19 57

Alton M. Alexander
Notary Public, residing at Pocatello, Idaho
My commission expires May 14, 1958
(Seal)

Signed Mark L Johnson (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

234-Park Ave. Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

619.109.003236

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15082

Primary Registration District No. 2046 Registered No. 191

FULL NAME OF CHILD David Ware

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 9 1913

FATHER		MOTHER	
FULL NAME	Daniel Ware	FULL MAIDEN NAME	Edith Blackburn
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Downey, Ida	BIRTHPLACE	Downey, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Coe M.D.
(Physician or ~~midwife~~)

Address Downey, Ida.

Given names added from a supplemental report

..... 19.....

Eric Kaercy
Registrar

Filed Aug 16 1913

Eric Kaercy
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-124-003-515

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Downey — Registration District No. 11 — File No. 15084

No. ____ St. ____ Primary Registration District No. 2046 — Registered No. 189

Hospital ____

FULL NAME OF CHILD John Bailey Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 24 1913

FATHER		MOTHER	
FULL NAME	James Wilson Russell	FULL MAIDEN NAME	Rhoda VanLeuvan
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Beautiful Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Davis M.D.
(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report ____ 19____

Filed Aug 10 1913

Ellis Kaeply
Registrar

S-Y CO. 20174

Ellis Kaeply
Registrar

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

385-107-003-654

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 15085

Primary Registration District No. 216 Registered No. 188

FULL NAME OF CHILD Alvin Vialis Lynch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	July 7 1913

FATHER		MOTHER	
FULL NAME	Ray Lynch	FULL MAIDEN NAME	Edith Weddle
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wales Iowa	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 14 1913

[signature] Registrar

[signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.

318-214-603-394

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ____ St.

Hospital ____

Registration District No. 11 File No. 6836

Primary Registration District No. 2046 Registered No. 187

FULL NAME OF CHILD Myrtle Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	Yes	June 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David R. Taylor	Karmilia E. Crump
RESIDENCE	Robin	Robin
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Kaseville Utah	Robin
OCCUPATION	Farmer	Farmer's Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) June 14 1913, at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Cecil Kacey Registrar

(Signature) Emma B. Jensen

Midwife (Physician or midwife)

Address Marsh Center

Filed Aug 19 1913 Cecil Kacey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15087

Primary Registration District No. 2047 Registered No. 199

FULL NAME OF CHILD GLADYS Belle Romriell

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth July (Month) 15 (Day) 1917 (Year)

FATHER

FULL NAME George Sebastian Romriell

RESIDENCE McCammon

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE McCammon Idaho

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ida Belle Chandler

RESIDENCE McCammon

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborers Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 P. M. on the date above stated.

(Signature) Mrs W W Lewis

(~~Physician~~ or midwife)

Address McCammon Idaho

Filed Aug. 19 1918 Rees Casey

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Rees Casey

Registrar

8-Y CO. 20174

SEP 1 1 1944

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon — Registration District No. 11 — File No. 15088

No. ____ St. — Primary Registration District No. 2047 — Registered No. 125

Hospital ____

FULL NAME OF CHILD Boy Unknown Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	—	1	Yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	Otho Hunt	FULL MAIDEN NAME	Sally Hunter
RESIDENCE	Arimo, Idaho	RESIDENCE	Arimo, Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming Illeh
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born at 9 P.M., at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Eva Kacey
Registrar

(Signature) G H Cowper

(Physician or midwife)

Address McCammon Idaho

Filed Aug 10 19 13 Eva Kacey
Registrar

B-W CO. 20174

Form V. S. No. 11-C—20m-3-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

363-116-003-454

PLACE OF BIRTH

[redacted] Bannock

City of Marsh Center

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15089

Primary Registration District No. 2647 Registered No. 186

FULL NAME OF CHILD Williams Lathers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		3	Yes	June 16 1913

	FATHER	MOTHER
FULL NAME	Elyde Lathers	
FULL MAIDEN NAME		Ada E. Underwood
RESIDENCE	Marsh Center	Marsh Center
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Shannon Missouri	Richmond, Utah.
OCCUPATION	Farmer	Farmer's Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 16, 1913, Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

..... 19.....

Ellis Kaseley Registrar

Filed Aug. 10, 1913 Ellis Kaseley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

815-207003-319

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland — Registration District No. 11 — File No. 15090

No. ____ St. — Primary Registration District No. 2048 — Registered No. 200

Hospital ____

FULL NAME OF CHILD Flora Hansen ~~Ericsson Floyd Boy~~

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	Twins (To be answered only in event of plural births)	2nd	yes	Aug. 3 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole Hansen	Emma Larsen
RESIDENCE	Cleveland Idaho	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	44
BIRTHPLACE	Denmark Europe	Logan Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12 — Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Langgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kacy
Registrar

Filed Aug 10, 1913 Ellis Kacy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-18

CE OF BIRTH MAY 9 1968

OF CHILD

815-107-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Cleveland

No ____, ____ St.

Hospital ____

Registration District No. 11 File No. 15091

Primary Registration District No. 2048 Registered No. 204

FULL NAME OF CHILD Ulrich Hansen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	1st	yes	Aug 3, 1913

FATHER		MOTHER	
FULL NAME	Ole Hansen	FULL MAIDEN NAME	Emma Larsen
RESIDENCE	Cleveland, Id.	RESIDENCE	Cleveland, Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or Stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgren

(Physician or Midwife)

Address Tensleep, Wyo

Given names added from a supplemental report

____, 19____ Ellis Kacey Registrar

Filed Aug 10, 1913 Ellis Kacey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

236-101-003-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Registration District No. 11 File No. 15092

Primary Registration District No. 2048 Registered No. 203

Hospital ____

FULL NAME OF CHILD August Stoor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	May 1, 1913

FATHER		MOTHER	
FULL NAME	August Stoor	FULL MAIDEN NAME	Nellie Graham
RESIDENCE	Wallsburg, Ida.	RESIDENCE	Wallsburg, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Ellis Kaercher

(Physician or Midwife)

Address Soda Springs

Filed May 6, 1913 Ellis Kaercher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kaercher Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m 6-41

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

864-123-007-145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. ____ St.

Registration District No. 11 File No. 15093

Primary Registration District No. 2048 Registered No. 262

Hospital ____

FULL NAME OF CHILD Frank Hamer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	July 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Hamer	Amy Emilie Ames
RESIDENCE	Perry Idaho	Perry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Trenton Utah	Perry Idaho
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaercy
Registrar

(Signature) Amary Landgreen

Midwife
(Physician or midwife)

Address Treasureton Idaho

Filed Sept 10 1913 Ellis Kaercy
Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of _____

145-11-003-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland Registration District No. 11 File No. 15094

No. ____ St. Primary Registration District No. 2048 Registered No. 201

Hospital ____

FULL NAME OF CHILD Clyde Kristensen Ames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	July 11 1913

FATHER	MOTHER
FULL NAME: Daniel Carter Ames	FULL MAIDEN NAME: Caroline Maria Kristen = sen
RESIDENCE: Cleveland	RESIDENCE: Cleveland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Wellsville Utah	BIRTHPLACE: Denmark Europe
OCCUPATION: Day Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

(Signature) Mary Lundgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Filed Aug 10 1913 Rees Kaeley
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

Rees Kaeley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

744202.003-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Turner

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15095

Primary Registration District No. 2048 Registered No. 198

FULL NAME OF CHILD Edna Gummersall

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	July 2, 1913

FATHER	MOTHER
FULL NAME: Frank A Gummersall	FULL MAIDEN NAME: Bertha Griffen Gummersall
RESIDENCE: Turner	RESIDENCE: Turner
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Rancher	OCCUPATION: Camp

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] Gummersall, at 5.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E A Gummersall alive

(Physician or Midwife)

Given names added from a supplemental report

Address Turner

....., 19.....

Filed Aug 19, 13

Ellis Kanaly
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Ellis Kanaly
Registrar

OCT 1 1973

154-115-0003-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Grace

No. ____ St.

Hospital Anderson Lake

Registration District No. 11

Primary Registration District No. 2048

File No. 15096

Registered No. 197

FULL NAME OF CHILD ~~Baby~~ Andreasen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 15 1913

FATHER		MOTHER	
FULL NAME	Andrew L Andreasen	FULL MAIDEN NAME	Myrtle Gibbs
RESIDENCE	Grace - Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Implement dealer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard

Physician

(Physician or midwife)

Address Grace Idaho

Filed Aug 19 1913 Ellis Kaney

Registrar

Given names added from a supplemental report

..... 19.....

Ellis Kaney

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev. 3-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

NOV 4 1942

249-213-003-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15097

Primary Registration District No. 2048 Registered No. 1968

FULL NAME OF CHILD Cecilia Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 13, 1913

FATHER	MOTHER
FULL NAME Ernest Smith	FULL MAIDEN NAME Cecilia Short
RESIDENCE Thatcher	RESIDENCE Thatcher
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
	COLOR W
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Causey

(Physician or Midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

____, 19____

Ellis Causey Registrar

Filed July 19, 1913 Ellis Causey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V.S. No. 11-C - 1946-5-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at one birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bannock

City of Grace

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

15098

Registration District No. 11

File No. 15098

Primary Registration District No. 2048

Registered No. 194

FULL NAME OF CHILD Dorothy Maud Telford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 20 (Year) 1913
female				

FATHER

FULL NAME George Telford

RESIDENCE Grace Idaho

COLOR White

AGE AT LAST BIRTHDAY (Years) 46

BIRTHPLACE Bountiful Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Geneva Agnes Beesley

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY (Years) 38

BIRTHPLACE Bountiful Utah

OCCUPATION housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Grace Bannock Co Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 1/ 19 13

Ellis Kaercy Registrar

S-Y CO., 16670

Ellis Kaercy Registrar

PLACE OF BIRTH

STATE OF ILLINOIS

Bureau of Vital Statistics

Form V. S. No. 11-C 15m-6-42-41

DEC 7 1942

149.127-003-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. ____ St.

Registration District No. 11 File No. 15099

Primary Registration District No. 2048 Registered No. 196

Hospital ____, JAMES RUSSELL

FULL NAME OF CHILD baby Durrant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	July 27 1913

FATHER		MOTHER	
FULL NAME	Lorenzo Durrant	FULL MAIDEN NAME	Maud Lewis
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Creamery man.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11—P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Hubbard
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grace Idaho

Filed Feb. 10, 1913

Eric Kacley
Registrar

Eric Kacley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 15099

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR ~~DEATH~~)
for James Russell Durrant (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR ~~DIED~~) on July 27, 1913 (DATE OF EVENT)
in Oakley Idaho (PLACE OF EVENT) and ~~[illegible]~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 20, 1920 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Durrant	James Russell Durrant
James Russell Durrant		

Subscribed and sworn to before me this 24th
day of June, 1942.
Anna K. Clark Greene
Notary Public, residing at Salt Lake City
My commission expires 1/5/1944
(SEAL)

Signed Agnes Durrant
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
775 No. Univ. Ave Provo, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of June, 1942.
Anna Clark Greene
Notary Public, residing at Salt Lake City
My commission expires 1/5/1944
(SEAL)

Signed Blake Menzies
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1063 East 33rd So Salt Lake, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 25 1942 By
(REGISTRAR'S SIGNATURE)

JUN 2 2 1942

DEC 3 1957

253/14.003-753

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

11-C—15m-6-20-

County of Bannock

City of Monk Creek

Amended 3/25/75

Registration District No. 11

File No.

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 185

Hospital ____

FULL NAME OF CHILD Delbert Leroy Keller

Sex [redacted] Twin, triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of birth June (Month) 14 (Day) 1913 (Year)

FATHER	MOTHER
	FULL MAIDEN NAME Albertine Kristine Petersen
RESIDENCE Monk Creek	RESIDENCE Monk Creek
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Monk Creek Ida	BIRTHPLACE Sweden
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Monk Creek

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each, in order of birth, must be stated.

PLACE OF BIRTH

MAR 1 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9 14 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15100

Date Filed .....

MAR 21 1 07 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for James Denis Keller (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1913 (Date of Event) in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James Denis Keller	Delbert Leroy Keller

Subscribed and sworn to before me this 14th day of Sept., 19 73

Florence Curtright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Lorna E. Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3232 Sheldon St. Boise Idaho 83704

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Linda Lou Keller born Sept. 13, 1941 at Preston, Idaho State File # 322407 gives fathers name as Delbert LeRoy Keller.

Viewed by VS

MAR 25 1975

Church Record , LDS Church Delbert Leroy Keller born June 14,1913 at Mink Creek, Idaho, father Louis Keller, mother Albertine Christine Petersen .Blessed Aug. 3, 1913 by William D. Baird.
Viewed by Vs

PLACE OF BIRTH

...y of Bannock

...of Lago

...& Idaho St.

...ital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 10-Feb. 4-15-12

CERTIFICATE OF BIRTH

Registration District No. 11 Lago

Primary Registration District No. 2048 Idaho

File No. 15101

Registered No. 184

FULL NAME OF CHILD Leonard C Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lars Rasmussen	anna anderssen
RESIDENCE	Lago Idaho	Lago Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32 (1913)	32 (1913)
BIRTHPLACE	Lago Idaho	Denmark
OCCUPATION	farmer	Wife farmer

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary a Jensen
(Physician or midwife)

Address Lago Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 10 1913

Eric Kaercy
Registrar

Eric Kaercy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of [illegible] Registration District No. 11 File No. 15102

No. inter Idaho Primary Registration District No. 2048 Registered No. 183

Hospital

FULL NAME OF CHILD Ruby Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) July (Day) 20 (Year) 1913
Female			yes	

	FATHER	MOTHER
FULL NAME	J. Richard Turner	Phebe Bennett
RESIDENCE	inter Idaho	inter Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23 1913	23 1913
BIRTHPLACE	Gage Idaho	franklin Idaho
OCCUPATION	farmer	farmer

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 1913

Ellis Caseley Registrar

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Address Gage Idaho

Filed Aug 19 1913 Ellis Caseley Registrar

S-Y CO. 20174

Form V.S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 1 1969
MAY 2 9 1973

36 9/26 - 003 - 363

Amended 7/3/99

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Registration District No. 4 11

File No. 15103

Primary Registration District No. 2048

Registered No. 182

Hospital

FULL NAME OF CHILD Basil Fredrick Poulson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	—	yes	may 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emory Poulson	Ruty collins
RESIDENCE	Kilgore Idaho	Kilgore Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26 1913	25 1913
BIRTHPLACE	Utah	Lago Idaho
OCCUPATION	farmer	house

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mary a Turner

(Physician or midwife)

Address Lago Idaho

Given names added from a supplemental report

..... 19.....

Chris Carey
Registrar

Filed Sept 10 1913

Chris Carey
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIST

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } ss.

Certificate No. 15103
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Emory Polson (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 26, 1913 (Date of Event)

in Lago (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Emory Polson	Basil Fredrick Poulson
father's last name	Polson	Poulson

Subscribed and sworn to before me this 1st day of May, 19 79.
Notary Public, Bonnie J. Gardner
Residing at Blackfoot Idaho
My commission expires October 26, 1980
(Seal)

Basil Fredrick Poulson
Signature of Applicant
Rt 1 Box 319 Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 19 79.
Notary Public, Bonnie J. Gardner
Residing at Blackfoot Idaho
My commission expires October 26, 1980
(Seal)

Lester L. Gardner
Supporting Signature
280 S Birch St. Blackfoot, Idaho
Street Address, City, State

Correction correcp. 4-9-79
nm

Application for Medical Expense Policy gives name as Basil F. Poulson born May 26, 1913 in Idaho. dted Jan 12, 1948. viewed b V. S. JUL 3

Onw daughter's birth certif on file in Idaho #293757 gives child's name as Bonnie Delores Poulson. born May 7, 1940. Father's nameas Basil Fredrick Poulson and mother's name as Dorothy LaEsa Morris. viewed by V. S.

963104.014-168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.D. No 4 St.

Registration District No. File No. 15104

Primary Registration District No. 7 Registered No.

Hospital x

FULL NAME OF CHILD Woodrow Rockwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	Yes	July 4 1913

FATHER	MOTHER
FULL NAME Jeff Rockwell	FULL MAIDEN NAME Eva Boyer
RESIDENCE R.F.D. No 4 Nampa	RESIDENCE R.F.D. No 4 Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jeff Rockwell
Father of Child
(Physician or midwife)

Address Nampa R.F.D. No 4

Given names added from a supplemental report

.....19....

.....
Registrar

Filed Aug 6 1913 D. D. Calouge
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

1965

619-215 · 014-281

[redacted] OF BIRTH

[redacted] TE OF IDAHO
[redacted] F VITAL STATISTICS
[redacted] FICATE OF BIRTH

20m-2-15-12

[redacted] Canyon

City of Nampa, Registration District No. File No. 15105

No. 307 - 14th Ave. S.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Isabel Mary Ward.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	X		X	yes.	2 / 15 / 1913

FATHER	MOTHER
FULL NAME A. B. Ward.	FULL MAIDEN NAME Katherine Shaw
RESIDENCE Nampa Ida.	RESIDENCE Nampa, Ida.
COLOR white	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Ida.	COLOR white
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE Ida.
	OCCUPATION Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. Willoughby.
Phys.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

Filed Aug 6 1913 B. D. Cadwallader
Registrar

.....
Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAY 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa Ida

FULL NAME OF CHILD Mary Isabel Ward

5. Date of Birth (Month, day, year) Dec. 31-1910

Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Henry Benedict Ward

Color or Race White

12. Age at time of THIS birth 35 yrs.

Birthplace Boise (City or Town) Idaho (State or foreign country)

Exact Occupation Rancher

Industry or Business Stock Raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Elizabeth Shaw

17. Color or Race White

18. Age at time of THIS birth 32 yrs

19. Birthplace Reynolds (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate Sol.

Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

(c) Born alive and now dead 1 (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the dat

and at the place stated above, and that personal particulars were furnished by Henry B. Ward (First name) (Last name), who i

related to this child as Father. (Mother, etc.)

Former date of birth incorrect. G. A. A.

(a) ..... (Date received) (b) ..... (Registrar's signature)

Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature Geo. A. Kleogg. M.D. (D.O., Midwife, etc.)

and address Nampa, Ida. Date 5-3-41.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the ending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nur ouseholder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private titutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth hav ccurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature ake a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than ays after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that p ose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other per harged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil roper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a n lemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

a) Pregnancy: Complications of.....

.....

.....

b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deliver

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OF BIRTH 1923 July 9

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. ..... File No. 15106

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vernon Spencer Bolin

Sex of Child M | Twin, Triplet, or other? — | and Number in order of birth 1 | Legitimate? Yes | Date of birth 7 (Month) 9 (Day) 1923 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME J. N. Dalin Bolin

RESIDENCE Parma

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Georgia

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Jennie Darm

RESIDENCE Parma

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Wis.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Kenen

M. D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

Filed 7/9 1923 R. J. Kenen

Registrar

S-Y CO., 16669

Registrar

STATE OF IDAHO
CERTIFICATE OF BIRTH

APR 1 3 1998

b. 6/11/41. w.b.

993-125-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

15107

File No.

A + B

County of Canyon

City of Nampa.

Registration District No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD JOSEPH AND HYRUM Richardson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	1 + 2	yes.	June 25th 191 3

FATHER	MOTHER
FULL NAME Sylvester Richardson	FULL MAIDEN NAME Elizabeth Grigg
RESIDENCE Nampa, Ida.	RESIDENCE Nampa, Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugh A. Kellogg

Physician (Physician or midwife)

Address Nampa, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 6 1913 D. S. Calouge M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

DUP 1913-14597 B

Z-A-B Twins

Paid $1.00 11-22-41 L. Fitzgerald

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 15107
Date Filed Nov 26 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Richardson Twins (Name on original certificate) who born (Was born or died) on July 2, 1913 (Date of event)
in Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (Bible record, insurance policy, etc.) prepared on June 20th 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Unnamed Richard	Unnamed (Twins)	Joseph & Hyrum Richardson
Date of birth	July 2, 1913	June 26, 1913

Subscribed and sworn to before me this 29 day of November, 1941

E. F. Henderson
Notary Public, residing at Boise Idaho
My commission expires May 1942
[SEAL]

Signed Mrs. L. C. Abbott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

110 N. 14th St. Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1941

E. F. Henderson
Notary Public, residing at Boise
My commission expires May 1942
[SEAL]

Signed Mrs F E Henderson
(Signature of any credible person other than the previous affiant.)

1409 State Street
Boise Idaho
(Street Address, City, State)

Received for filing on JAN 22 1942 By
(Registrar's signature)

NOV 2 6 1957

993-125-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

15107

File No.

A + B

County of Canyon

City of Nampa.

Registration District No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD JOSEPH AND HYRUM Richardson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	1 + 2	yes.	June 25th 191 3

FATHER	MOTHER
FULL NAME Sylvester Richardson	FULL MAIDEN NAME Elizabeth Grigg
RESIDENCE Nampa, Ida.	RESIDENCE Nampa, Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugh A. Kellogg

Physician (Physician or midwife)

Address Nampa, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 6 1913 D. S. Calouge M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

DUP 1913-14597 B

Z-A-B Twins

Paid $1.00 11-22-41 L. Fitzgerald

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 15107
Date Filed Nov 26 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Richardson Twins (Name on original certificate) who born (Was born or died) on July 2, 1913 (Date of event)
in Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (Bible record, insurance policy, etc.) prepared on June 20th 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Unnamed Richard	Unnamed (Twins)	Joseph & Hyrum Richardson
Date of birth	July 2, 1913	June 26, 1913

Subscribed and sworn to before me this 29 day of November, 1941

E. F. Henderson
Notary Public, residing at Boise Idaho
My commission expires May 1942
[SEAL]

Signed Mrs. L. C. Abbott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

110 N. 14th St. Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1941

E. F. Henderson
Notary Public, residing at Boise
My commission expires May 1942
[SEAL]

Signed Mrs F E Henderson
(Signature of any credible person other than the previous affiant.)

1409 State Street
Boise Idaho
(Street Address, City, State)

Received for filing on JAN 22 1942 By
(Registrar's signature)

NOV 2 6 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Parma Precinct

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15108

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD James David Baldridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 24 1913

FATHER

FULL NAME J. C. Baldridge

RESIDENCE Parma

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nelle Fisk

RESIDENCE Parma

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Address Parma Ida.

Given names added from a supplemental report _____, 19____

_____ Registrar

Filed 8/6 1913 R. Keeler Registrar

8-Y CO. 20174

[redacted]

JAN 18 1949

813-121-01K364

PLACE OF BIRTH

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Chaves

City of Roswell Precinct

Registration District No. ____ File No. 15109

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Albert Roland Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	yes	July 21 1913

FATHER	MOTHER
FULL NAME Chas. R. Hall	FULL MAIDEN NAME Blanche Compton
RESIDENCE Roswell	RESIDENCE Roswell
COLOR W.	AGE AT LAST BIRTHDAY 26 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Penn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Allen M.D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

....., 19.....

Filed 8/6 1913 R. J. Reeves
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy October 29, 1940. E.W.

663-22-0144433

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. ..... File No. 15110

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Hilda Mae Wolfe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓		✓	Yes	J 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. W. Wolfe	Lofia McClaughry
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	50	42
BIRTHPLACE	Del.	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Lewis

M. D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

Filed 4/22 1913 P. J. Lewis

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 9 1970

8/9 278 4859

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. .....

File No. 15111

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ora Elton Hartman

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes	July 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. J. Hartman	Anna Horgo
RESIDENCE	Canyon	~~Norway~~ Canyon
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	38	41
BIRTHPLACE	Ida	Norway
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19....

..... Registrar

(Signature) P. J. Keuer M. D.

(Physician or Midwife)

Address Canyon Idaho

Filed 7/20 1913 P. J. Keuer

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

435-22-0814-469

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. ..... File No. 15112

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Irene McNees

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓		✓	Yes	7 27 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME B. H. McNees	FULL MAIDEN NAME Florence Morrison
RESIDENCE Parma	RESIDENCE Parma
COLOR W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Colo.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) R. J. Lewis

M. D.

(Physician or Midwife)

Address Parma - Idaho -

Filed 7/27 1913 R. J. Lewis

Registrar

S-Y CO., 16669

APR 8 1975

291-201-034-352

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No 19

File No. 15113

No. ....., ... St.

Primary Registration District No. .....

Registered No. 17

Hospital Martha

FULL NAME OF CHILD Alberta Branson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 1 1913

FATHER		MOTHER	
FULL NAME	Earl Branson	FULL MAIDEN NAME	Clara Just
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kynaston

Physician

(Physician or Midwife)

Address Rupert Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 C H Scott

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

OF BIRTH

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHDAY

263-124-034-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15114

Primary Registration District No. ____ Registered No. 16

FULL NAME OF CHILD Joseph MAX Bott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 24 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Bott	Fina Rosa
RESIDENCE	~~Rupert~~ Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	30 (Years)
BIRTHPLACE	Austria	Austria
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J B Kinney

(Physician or Midwife)

Address Rupert Idaho

Filed July 31 1913 O A Scott

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

[redacted]

SEP 16 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Minidoka } ss.

Certificate No. 15114

Date Filed Sept 11, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Joseph Max Bott (Name on Original Certificate) who was born on July 24 1913 (Was Born or Died) (Date of Event)

in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph	Joseph Max Bott

Subscribed and sworn to before me this 11th day of Sept., 19 42

Notary Public, residing at Rupert, Idaho

My commission expires Feb 20th 1946
(Seal)

Signed Serafina Bott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 20 1974

SEP 18 1942

993-125-034-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted] OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

[redacted] Vital Statistics

[redacted] CATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 1515

No. ....., ... St.

Primary Registration District No. ..... Registered No. 15

Hospital .....

FULL NAME OF CHILD James Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 25 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hiram P. Rice	Jennie B Sweet
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	21 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) J B Stegman gy

Physician

(Physician or Midwife)

Address Rupert Ida.

Filed July 31 1913 O. L. Scott

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

APR 27

AGE AT LAST BIRTHDAY

619-13 - 8 - 3K415

Form V. S.-No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka Dam

Registration District No. 19 File No. 15116

No. ..... St.

Primary Registration District No. ..... Registered No. 14

Hospital .....

FULL NAME OF CHILD FLOYD DEWAIN FAILS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 31 1913

FATHER		MOTHER	
FULL NAME	Calvin Dewain Fails	FULL MAIDEN NAME	Nettie Winifred Manfull
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Electric Power Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott
Physician
(Physician or midwife)

Address Rupert Idaho

Filed July 31 19 13 C. H. Scott
—Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/19, 1941. L. B.

3/24/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

45-116

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Floyd DeWain Fails (Name on original certificate) who Born (Was born or died) on July 31 1913 (Date of event)
in Minidoka Dam, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Sept. 1, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Floyd DeWain Fails	Floyd Dewain Fails
Name of Father	Calvin Fails	Calvin Dewain Fails
Name of Mother	Nettie Mansfull	Nettie Winifred Manfull

Subscribed and sworn to before me this.....
day of MAY 9 [illegible], 19.....

.....
Notary Public, residing at Burley

My commission expires 10-7-41
[SEAL]

Signed Mrs Calvin D. Fails
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Minidoka }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of May 19 41.

Paul A. French
Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1943.
[SEAL]

Signed Ewa M Jones
(Signature of any credible person other than the previous affiant)

724 "E" St. Rupert, Idaho.
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)

NOV 12 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Rupert. Registration District No. 19 File No. 15117

No. ..... St.

Primary Registration District No. ..... Registered No. 11

Hospital .....

FULL NAME OF CHILD Horace A Britton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 9 1913

FATHER		MOTHER	
FULL NAME	Furman A Britton	FULL MAIDEN NAME	Emma M Cleveland
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Colorado
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. H. Scott

Physician

(Physician or midwife)

Address Rupert Idaho

Filed July 20 1913 C. H. Scott

Registrar

S-Y CO. 20174

[illegible]

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF [illegible]

862-221-03K-W3

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—80m-8-15-12

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 15118

No. St.

Primary Registration District No. Registered No. 12

Hospital

FULL NAME OF CHILD Loleta Hoes

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 7 (Month) 21 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Geo E Hoes	FULL MAIDEN NAME Hattie Mathews
RESIDENCE Rupert Ida	RESIDENCE Rupert Ida
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 3 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) O. F. Scott
Physician
(Physician or midwife)

Address Rupert Ida

Filed July 9 1913 O. F. Scott
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 28 1961

666/19.03 581

Form V.S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15119

Primary Registration District No. ..... Registered No. 13

FULL NAME OF CHILD Stanley Hoffington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Hoffington	Sadie Chaffin
RESIDENCE	Rupert Ida.	Rupert Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	England	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. H. Scott, Physician

(Physician or midwife)

Address Rupert Ida.

Filed July 31 1913 C. H. Scott Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—30m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Moore — Registration District No. 2059 — File No. 15120

No. ____, ____ St. — Primary Registration District No. 2024 2159 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Edward Donald Savaria

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	Yes	July 28 1913

FATHER		MOTHER	
FULL NAME	Ulysses Milton Savaria	FULL MAIDEN NAME	Lillian May Fry
RESIDENCE	Moore,	RESIDENCE	Moore
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Seventh. Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

(Signature) D W Matthael M. D.

Physician (Physician or Midwife)

Address Arnold Okla

Filed Aug 1 1913 D W Matthael Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

8-Y CO., 16669

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 17 1941

Certificate No.....

Date Filed.....

State of Idaho } ss.
County of Butte

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or death)
for Edward Donald Savaria (Name on original certificate) who born (Was born or died) on July 28, 1913 (Date of event)
in Moore, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by bible record (Bible record, insurance policy, etc.) prepared on at birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Edward Donald Savaria		
July 28 1913		

Subscribed and sworn to before me this 13th day of June, 1941

Notary Public, residing at Arco, Idaho,

My commission expires Aug. 2, 1943

[SEAL]

Signed Lillian May Savaria
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Mackay, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Butte

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June, 1941

Notary Public, residing at Arco, Idaho

My commission expires Aug. 2, 1943

[SEAL]

Signed Florence Corta
(Signature of any credible person other than the previous affiant)

Moore, Idaho.
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)

619-230-007-165

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 2459

File No. 15121

No. ..... St.

Primary Registration District No. 2024

Registered No. .....

Hospital .....

FULL NAME OF CHILD Blanche Hardy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	July 30 1913

FATHER		MOTHER	
FULL NAME	Kindall Hardy	FULL MAIDEN NAME	Mary Lenora Jones
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) D. W. Matthews M. D.

Physician

(Physician or Midwife)

Address Moore

..... 19.....

Filed Aug 1 1913 D. W. Matthews

Registrar

S-Y CO., 16660

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

239-229-00 9345

PLACER BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonner
City of Priest River

MINED CERTIFICATE OF BIRTH

July 10, 1946 — 85 — 15122
Registration District No. — File No.

No. ____ St.

Hospital — 2158 Primary Registration District No. — Registered No.

FULL NAME OF CHILD Ethelmae Stilwell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 29, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Dillon Stillwell	Ethel May Long
RESIDENCE	Priest River, Idaho	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Ohio	Michigan
OCCUPATION	R. R. Station Agent	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) E. Denton McCarty

Physician
(Physician or midwife)

Address Priest River, Idaho

Filed Aug. 7, 1913 E. Denton McCarty
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15122

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Violet	Ethelmae
Surname	Stillwell	Stilwell
Date	May 29th	July 29, 1913

Subscribed and sworn to before me this ..... day of 19 43

Notary Public, residing at Wenatchee

My commission expires 12/26 43
(Seal)

Signed W. D. Stillwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

773 Monroe, Wenatchee, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August, 1946.

Notary Public, residing at Seattle

My commission expires Nov. 26, 1949.
(Seal)

Signed H. L. Baughman
(Signature of Any Credible Person Other Than Previous Year)

6840 - 54th Ave NE Seattle Wn
(Street Address, City, State)

JUL 11 1940

JUL 6 1945

County of ...

City of Teasville, Co. ... Registration District No. 81 ... File No. 15123

No. ..., ... St. ... Primary Registration District No. 2158 ... Registered No. ...

Hospital ...

FULL NAME OF CHILD Rena Doolittle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 27, 1913

FATHER	MOTHER
FULL NAME: Wallace Arval Doolittle	FULL MAIDEN NAME: Jennie Kuhlande
RESIDENCE: Tannersby, Co. Bonner Co	RESIDENCE: T 37 N. Bonner Co
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Minn.
OCCUPATION: Rancher	OCCUPATION: House Wife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician

(Physician or Midwife)

Given names added from a supplemental report

..., 19...

Address Priest River Idaho

Filed Aug 5 1913 E. Denton McCarty

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1973

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15124

County of Bonners

City of Kennedy Priest River — Registration District No. 8 1st. — File No.

No. Township 58 N St. — Primary Registration District No. 2158 — Registered No.

Hospital

FULL NAME OF CHILD Donald Sullivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	July 24, 1913

FATHER

FULL NAME: Timothy Sullivan

RESIDENCE: T 58 N Bonner Co

COLOR: white — AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Lowell Mass.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Della Burlo

RESIDENCE: T 58 N Bonner Co

COLOR: white — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Canada

OCCUPATION: House wife

Number of child of this mother, including present birth: 5th

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Address Priest River

Filed Aug 29 1913 E. Denton McCarty Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16570

MAR 24 1942

819-131-042-81

PLACE OF BIRTH

County of Twin [redacted]

City of Filer

No. ____ St.

Hospital ____

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 15125

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Parker Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	July 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Hershberger	Ida Belle Hedebraw
RESIDENCE	Filer Idaho	Filer Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report

____ 19____

____ Registrar

Address ____

Filed Aug 11 1913 A A Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

613-214-042-743.

Form V.S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 15126

No. ..... St.

Primary Registration District No. 2026

Registered No. .....

Hospital .....

FULL NAME OF CHILD Freada Goldie Walters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G			Yes	7 14 1913

FATHER		MOTHER	
FULL NAME	Wm Walters	FULL MAIDEN NAME	Cora Fulcher
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 11 1913

A A Newberry

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-21-0082-764

Number of Birth

County of Idaho Falls

City of Filer

Registration District No. 23 File No. 15127

No. St.

Primary Registration District No. 2086 Registered No.

Hospital

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ EDNA MAE ~~XXXXXXX~~ Kraas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.		8	yes	7 17 1913

	FATHER	MOTHER
FULL NAME	Fred Kraas	FULL MAIDEN NAME Mary K Pfeifer
RESIDENCE	Filer Idaho	RESIDENCE Filer Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Iowa	BIRTHPLACE Mo
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive or ~~stillborn~~) at 7a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry (Physician or midwife)

Given names added from a supplemental report

.....19..... Address

.....Registrar Filed Aug 11 19 13 A A Newberry Registrar

B-Y CO. 20174

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15127

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Laura May Klaas	Edna Mae Klaas

Subscribed and sworn to before me this 3rd day of April, 19 45.

Notary Public, residing at Twin Falls

My commission expires 12-6-46

(Seal)

Signed Edna Mae Klaas (Hadsworth)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 19 45.

Notary Public, residing at Twin Falls

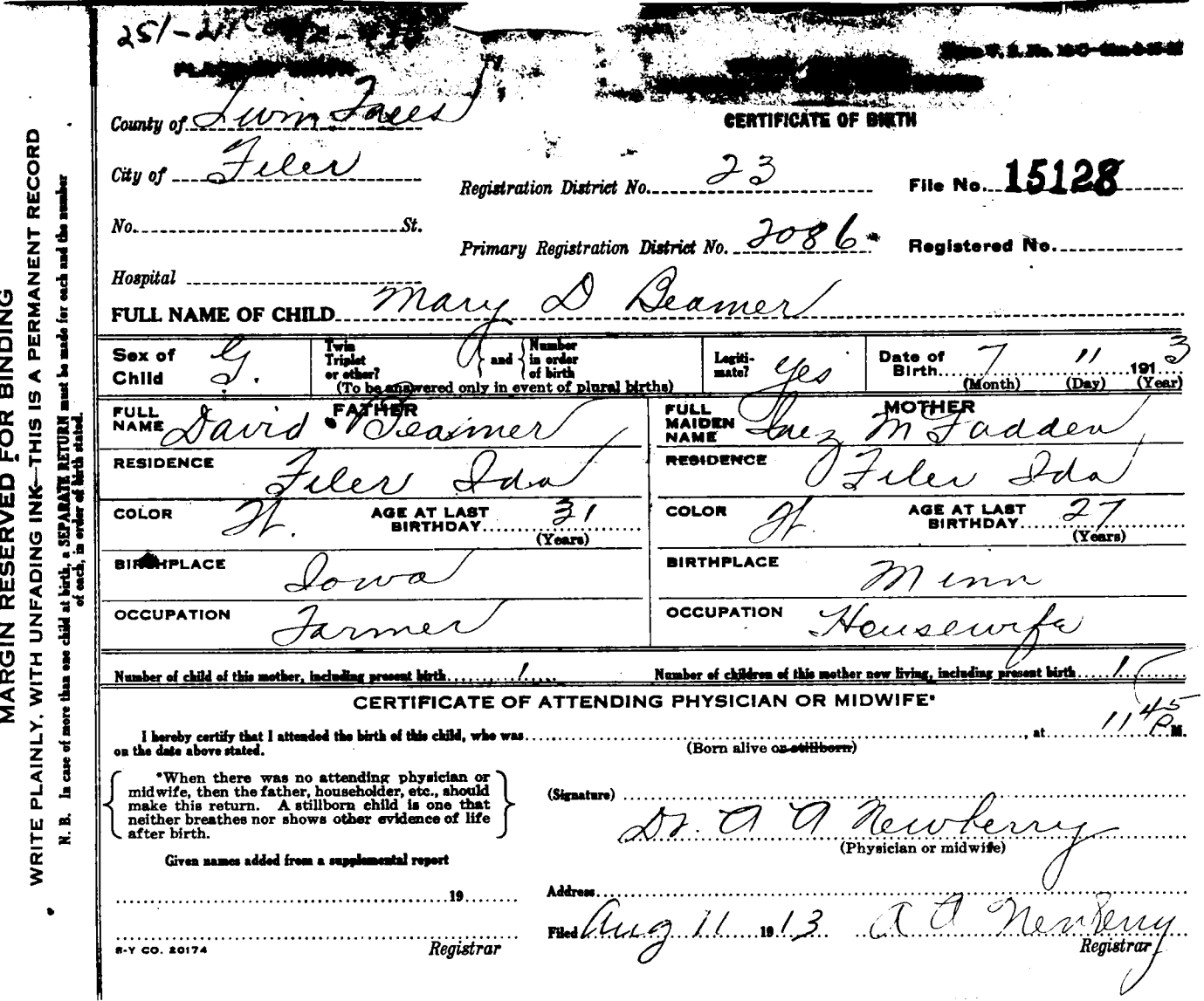
My commission expires 12-6-46

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Fidelity Mut. Bank
(Street Address, City, State)
Twin Falls, Ida.

APR 18 1945



25/-2[illegible]

[illegible] U. S. No. 130 [illegible]

County of Twin Falls

CERTIFICATE OF BIRTH

City of Filer

Registration District No. 23

File No. 15128

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary D Beamer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes	7 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Beamer	Inez M Fadden
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Iowa	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 45 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Aug 11 1913 A A Newberry

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1970

218-202-002

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15129

County of Adams

City of New Meadows

No. ____, ____

Hospital ____

Registration District No. 72

File No. 1

Primary Registration District No. 2149

Registered No. 1

FULL NAME OF CHILD Louisa Emma Bayne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	August 2nd, 1913

FATHER		MOTHER	
FULL NAME	Oscar Bayne	FULL MAIDEN NAME	Kathrine Mitchell
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 11 1913 T. E. Martin

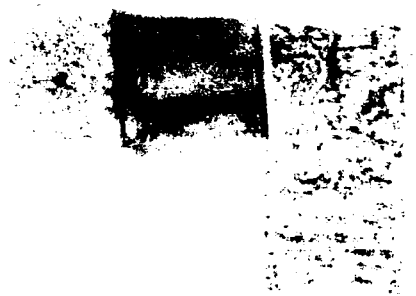
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



NOV 29 1960

437-225-001

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

[redacted] TE OF IDAHO
F VITAL STATISTICS

FICATE OF BIRTH

County of Ada

City of Star

Registration District No. _____ File No. 15130

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Myrtle Cynthia McPherson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			Yes	July 25 1913

	FATHER	MOTHER
FULL NAME	Sylvanus D McPherson	FULL MAIDEN NAME Capitola Bockwell
RESIDENCE	Star	RESIDENCE Star
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Idaho
OCCUPATION	Farming	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Stull MD

Star Idaho (Physician or midwife)

Given names added from a supplemental report

_____ 19 _____

Address _____

_____ Registrar

Filed July 25 19 13 O W Stull Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

DECEASED

813/30-008-189

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-Idaho-6-11-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 15131

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Hirate William Hall,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	June 30 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas. E. Hall	FULL MAIDEN NAME	Ida E. Ayres
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Hall MD

(Physician or midwife)

Address Star Idaho.

Given names added from a supplemental report

..... 19.....

Filed July 30 1913

O. M. Hall
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

769-105-001-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Star

No ____, ____ *St.*

Hospital ____

Registration District No ____ **File No.** 15132

Primary Registration District No. ____ **Registered No.** ____

FULL NAME OF CHILD Howard Gordon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				yes	July 5 1913

FATHER		MOTHER	
FULL NAME	Alva A. Gordon.	FULL MAIDEN NAME	Effie [redacted]
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Langle M.D.

(Physician or Midwife)

Address Boise Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 11 1913 O. M. Hall

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 25 1969

862-205-00-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 15133

Primary Registration District No. 1 Registered No. ____

FULL NAME OF CHILD Vera Cleo Hoke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	July 5, 1913

FATHER		MOTHER	
FULL NAME	Francis Hoke	FULL MAIDEN NAME	Myrtle Baker
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 a. M. on the date above stated.

(Signature) J. S. Naugle M. D.

(Physician or Midwife)

Address Boise

Filed Aug. 11 1913 O W Hall

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

PLACE OF BIRTH

SEP 16 1965

STATE OF IDAHO

Bureau of Vital Statistics

RESIDENCE

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

245-125001-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Star,

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15134

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Donald Ray Kincaid

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	May 25 1913

FATHER		MOTHER	
FULL NAME	Ray Kincaid	FULL MAIDEN NAME	Ida Brookshire
RESIDENCE	Star Idaho	RESIDENCE	Star Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Hall M.D.

(Physician or midwife)

Address Star, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 1. 1913 A W Hall Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—Rev. 5-[illegible]-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OR

JUN 6 1958

SEP 2 1976

239-125-001-159

PLACE OF BIRTH

County of Ada

City of Kuna

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15135

No. ....., ... St.

Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Willard Troy Sorensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	1st	yes	July 23 1913

FATHER		MOTHER	
FULL NAME	Wm Troy Sorensen	FULL MAIDEN NAME	Alice Elody Jensen
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Neal

Physician (Physician or Midwife)

Address Meridian

Given names added from a supplemental report

..... 19.....

Filed Aug 12 19 13 C. L. Dutton

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

693-109001-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 11 — File No. 16136

No. ____ St. — Primary Registration District No. 2003 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ira Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Williamson	Nannie Bell Nelson
RESIDENCE	Meridian Ada	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed May 12 19 13 C. L. Sutton Registrar

.....
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-58-M

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

MAY 15 1974

86K-112.00-746

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Near Meridian Registration District No. 11 File No. 15137

No. ____ St. Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD Not Named. William Ray Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	July 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H. Young	Hazel Prow
RESIDENCE	Near Meridian	Near Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE		Iowa
OCCUPATION	Farm hand	House Wife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician (Physician or midwife)

Address Meridian, Ida

Filed July 14 1913 C. L. Sutton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

DEC 23 1965

121

23-12-001-493

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 15138

Primary Registration District No. 2003 Registered No. ____

FULL NAME OF CHILD Wayne Alvin Stanton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	5th	yes	June 27, 1913

FATHER	MOTHER
FULL NAME Royal A. Stanton	FULL MAIDEN NAME Dora Millett
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mead

(Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

....., 19....

Registrar

Filed July 19th 1913 C. L. Dutton

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 8 1969

APR 1 0 1975

868-202-001-453

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 T—Rev.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 11 File No. 15139

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Baby~~ Esther Rosemary Stayner

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	4th	Yes	July 26 1913

FATHER		MOTHER	
FULL NAME	Wm J. Stayner	FULL MAIDEN NAME	Alice L. DeCou
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tuck, Physician (Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

....., 19.....

Filed July 19 1913 C. L. Sutton Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6-30-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 19 1967
Bureau of Vital Statistics

State of Florida
County of Seminole } ss.

Certificate No. 15139

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Hoyne (Name on Original Certificate) who was born (Was Born or Died) on July 2, 1913 (Date of Event)
in Meridian (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 10, 1967 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Baby Hoyne	Esther Rosemary Hoyne

Subscribed and sworn to before me this 10th day of July, 1967

Notary Public, residing at Sanford, Florida

My commission expires

(Seal)

Notary Public, State of Florida at Large.
My Commission Expires Jan. 5, 1969

X Signed Alice Fi[illegible] mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida
County of Seminole } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July, 19 67

Notary Public, residing at Sanford, Fla.

My commission expires

(Seal)

Notary Public, State of Florida at Large.
My Commission Expires Jan. 5, 1969.

Signed Ruby Hoyne Williams (Sister)
(Signature of Any Credible Person)

424 Elliott Ave.
Sanford, Florida
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism gives name as Esther Rosemary Hoyne Kerns born July 2, 1913 and baptized Sept. 26, 1966in The Roman Catholic Church by Rev. Msgr Nicholas Hughes.
Viewed by V. S.

JUL 19 1967

Independent School District of Boise City notorized statement lists name as Esther Rosemary Hoyne. She attedded the Boise Schools starting 1919 Sept. Listed her birthdate as July 2, 1913. T. C. Bird, Cupt.
Viewed by V. S.

Own childs birth certificate on file with state of Idaho lists name as Esther Rosemary Hoyne. Child born May 4, 1936 in Boise, Idaho, # 243737.
Viewed by V. S.

257-218 vol-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15140

Primary Registration District No. 2003 Registered No. ____

FULL NAME OF CHILD Velma Leyton

Sex of Child Female | Twin, Triplet, or other? One | and Number in order of birth 6th | Legitimate? Yes | Date of birth June 15 (Month) (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Erastus H. Leyton	FULL MAIDEN NAME Ezebell McCalister
RESIDENCE Meridian Idaho	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Utah
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian Ada

Filed July 19 1918 C. L. Sutton
Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
JUN 2 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

V Va 227,034-764

PLACE OF BIRTH

County of Twin

City of Ilo

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 15141

Primary Registration District No. 2129 Registered No. (3)

FULL NAME OF CHILD Dorothy May Duff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 27, 1913

FATHER		MOTHER	
FULL NAME	John T Duff	FULL MAIDEN NAME	Bessie M. Hoover
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Minn
OCCUPATION	Druggist	OCCUPATION	housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 29 19 13 H. C. Parrish
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JUN 27

944-21-03-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Gem

City of Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 1514

Primary Registration District No. 2129 Registered No. (2)

FULL NAME OF CHILD Ruth Marguerett Eddinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 11 1913

FATHER		MOTHER	
FULL NAME	John E. Eddinger	FULL MAIDEN NAME	Anna M Jacobsen
RESIDENCE	My Reece Ida	RESIDENCE	My Reece Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) born alive

H. C. Parrish M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 13 1913 H. C. Parrish

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-

One copy 10/28/40

294-208-031-418

PLACE OF BIRTH

County of Gooding

City of Glo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No 50 File No. 15143

Primary Registration District No. 2129 Registered No. (1)

FULL NAME OF CHILD Thelma Maud Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	July 8 1913

FATHER		MOTHER	
FULL NAME	Isaac Allen Simmons	FULL MAIDEN NAME	Violet Maud Maynard
RESIDENCE	Glo. Idaho.	RESIDENCE	Glo. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Gooding Idaho	BIRTHPLACE	Colton wash
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-25 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Glo. Idaho.

Filed July 10 1913 H. C. Parrish

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JUN 6 1975

513-103-014 493

PLACE OF BIRTH

County of Canyon

City of Near New Ply-

No. ..... St.

Hospital .....

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15144

Primary Registration District No. 2009 Registered No. .....

FULL NAME OF CHILD Herman Dale Noll

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 3 1913

FATHER		MOTHER	
FULL NAME	James Noll	FULL MAIDEN NAME	Miller-
RESIDENCE	New Plymouth R. F. D.	RESIDENCE	with husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Del.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Neb.
		OCCUPATION	Housewife-

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) attended by neighbors—

Wm T. Drysdale M. D.
(Physician or midwife)

Address New Plymouth Ida-

Filed July 31 1913 W. T. Drysdale
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

864-216-DK-857

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of 5 mi. east New Plymouth

Registration District No. 5 File No. 15145

No. ..... St.

Primary Registration District No. 2009 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Genevieve Young.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	July 16 1913

FATHER		MOTHER	
FULL NAME	Ben F. Young	FULL MAIDEN NAME	Mary Elizabeth Peacock
RESIDENCE	New Plymouth R F D	RESIDENCE	with husband
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kans.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 19 13 W. T. Drysdale Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 4 1950
JUL 6 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21-116. O.K. 645

PLACE OF BIRTH

Form V. S. No. 11.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Registration District No. 14 File No. 15146

No. ..... St. Primary Registration District No. 2098 Registered No. 112

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 16 1913

FATHER		MOTHER	
FULL NAME	Hugh Bagley	FULL MAIDEN NAME	Effie Hunt
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... at 7.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Curley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A P Curley

..... Registrar

Registrar

E-Y CO. 20174

[redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

693-21-10 X 846

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 21-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15147

Primary Registration District No. 2092 Registered No. 108

FULL NAME OF CHILD DONNA LAPREAL WILCOX

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	June 18 1913

FATHER		MOTHER	
FULL NAME	Ernest Wilcox	FULL MAIDEN NAME	Asea Huff
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Baker & Liaser	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-20 a. M. on the date above stated.

(Signature) Wm L Rich

(Physician or midwife)

Address Paris Idaho

Filed July 1 1913 A. D. Cowley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake. } ss.

Certificate No. 15147

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Jewell & Lucile. (Birth or Death)
for Donna La Preal (Wilcox) (Name on Original Certificate) who born (Was Born or Died) on June 18 1913 (Date of Event)
in Paris Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donna La Preal

Subscribed and sworn to before me this 22nd
day of June, 1945

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(Seal)

Signed Ora Vera Wilcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 2 1942

JUN 5 1975

[redacted]

County of [redacted]

City of Paris

Registration District No. 24 File No. 15148

No. ____ St.

Hospital Rich Private Hospital Primary Registration District No. 2092 Registered No. 107

FULL NAME OF CHILD Mabel Sarah Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	June 26 1913

FATHER

FULL NAME Lashbrook Lake Cook

RESIDENCE Swan Creek Utah.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Garden City, Utah.

OCCUPATION Da

MOTHER

FULL MAIDEN NAME Florence Irene Dudley

RESIDENCE Swan Creek, Utah.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Oxford, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A. P. Cooley Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

RECEIVED
AUG 30 '56
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 15148

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cook (Name on Original Certificate) who was born (Was Born or Died) on June 26, 1913 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on May 22, 1931 (Give Date), are:
Family Record Old Record Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Mabel Sarah Cook

Subscribed and sworn to before me this 17th day of May, 1956

J. W. Seamons
Notary Public, residing at Hyde Park, Utah
My commission expires May 21, 1959.
(Seal)

Signed L. L. Cook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1956

Notary Public, residing at Hyde Park, Utah
My commission expires May 21, 1959.
(Seal)

Signed Harriet G. Cook
(Signature of Any Credible Person)

1270 Gran Canyon Dr.
Logan Utah
(Street Address, City, State)

FORM DPH 55. 155

1 Copy

AUG 30 1956
JUN 30 1967
JUL 9 1968

863-2191 004-266

PLACE OF BIRTH Name added 6-28-88 JLH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-13

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 24 File No. 15149

Primary Registration District No. 2092 Registered No. 119

FULL NAME OF CHILD JEAN HOLMES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 19 1913

FATHER

FULL NAME Wm B. Holmes

RESIDENCE Paris,

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Montpelier

OCCUPATION Editor

MOTHER

FULL MAIDEN NAME Emma V. Bowen

RESIDENCE Paris

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M.D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A P Cooley

Registrar

..... Registrar

8-Y CO. 20178

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAR 4 1975

8-11-82

RECEIVED
JUN 8 1988
VITAL STATISTICS UNIT

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt lake } ss.

Certificate No. 15149
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Holmes (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 19, 1917 (Date of Event)
in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Jean Holmes

Subscribed and sworn to before me this 12th day of May 1988.
Notary Public, Julie Jaques
Residing at Salt lake City, Utah
My commission expires
(Seal)

X Jean H Nixon
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt lake } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May 1988
Notary Public, Julie Jaques
Residing at Salt lake City, Utah
My commission expires
(Seal)

Velma H Tueller
Supporting Signature

Street Address, City, State

Certificate of birth from LDS church shows Jean Holmes born July 19, 1913 in Paris, Bear Lake, Idaho to William R. Holmes and Emma V. Bowen recorded in Bear Lake Stake, Paris 2nd Ward, Record of Members, entered on record Nov. 2, 1913. Record issue date 7 May 1976. Viewed by V.S.

Certificate of Blessing for son, shows Ronald Wm. Hixon son of Paul J. Hixon and Jean Holmes born Oct. 6, 1946 at Tulare, Tulare, Cal. and was blessed Dec. 13, 1946 by Marion F. Campbell of the LDS church. Viewed by V.S.

693.103.0046.3

PLACE OF BIRTH

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

Registration District No. 24 File No. 15150

Primary Registration District No. 2092 Registered No. 120

FULL NAME OF CHILD CARL WILLIAM WILKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 3 191?

FATHER		MOTHER	
FULL NAME	Herman E. Wilker	FULL MAIDEN NAME	Dorotha Wallentine
RESIDENCE	Paris, Ida.	RESIDENCE	Paris.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M.D.

(Physician or midwife)

Address Montpelier & Paris

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A. P. Cooley Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Bear Lake)

Certificate No. 15150

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Carl William Wilker who was born on July 3, 1913 in Paris, Idaho are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible record prepared on July 10, 1943 are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Carl William Wilker

Subscribed and sworn to before me this 13 day of Sept 1943

Signed Wilder W. Wilker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Evans G Lasley
Notary Public
Residing at Grace Idaho (Street address, City, State)

My commission expires Dec. 15, 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of Sept 1943

Signed Bruce Young
(Signature of any credible person other than the previous affiant.)
Grace Ida
R D 1

Harold B Lowe
Notary Public
Residing at Grace Idaho (Street address, City, State)

My commission expires Mar 8 1945
(SEAL)

653-22910 00K613

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15151

Primary Registration District No. 2093 Registered No. 129

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female ~~Male~~			Yes	July 29 1913

FATHER

FULL NAME Gurney Welker

RESIDENCE Paris

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Arizona

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Wallentine

RESIDENCE Paris

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Paris

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris

Filed July 31 1913 A. P. Cooley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 17 1975

693-223-OPK866

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15152

Primary Registration District No. 2091 Registered No. 106

FULL NAME OF CHILD June Drucilla Wilkes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	1	Yes	June 23 1913

FATHER		MOTHER	
FULL NAME	Ernest Wilkes	FULL MAIDEN NAME	Drucella Hooper
RESIDENCE	Fish Haven, Idaho	RESIDENCE	Fish Haven, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St. Charles, Idaho	BIRTHPLACE	Fish Haven, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Leich (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A P Cooley Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN SERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev. 8-15-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH,

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS '75 NOV 14 2 14 PM

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bear Lake } ss.

Certificate No. 15152

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wilkes (female) (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1913 (Date of Event)
in Fish Haven, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 16 Nov. 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	June Drucilla Wilkes
		(mothers)

Subscribed and sworn to before me this 8 day of Nov., 19 75

Notary Public, residing at Preston, Idaho
My commission expires My Commission Expires March 17, 1979.
(Seal)

Signed Drucilla Howe C. Wilkes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fish Haven Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Nov. 19 75

Notary Public, residing at Preston, Idaho
My commission expires My Commission Expires March 17, 1979.
(Seal)

Signed Nethelle W. Weston
(Signature of Any Credible Person)

Lake Town Utah.
(Street Address, City, State)

FORM DH 60-155

CL 11/6/75 nm

Membership record from the LDS Church gives name as June Drucilla Wilkes Loveland born June 23,1913 at Fish Haven, Idaho. father's name givne as Ernest Wilkes and mother's name as Drucilla Howell. Blessed Aug, 3, 1913 and Baptized Nov 19, 1921 viewed by V. S.

NOV 21 1975

Blessing record from the LDS Church gives name as June Drucilla Wilkes Loveland born on June 23, 1913 at Fish Haven, Idaho. Blessed on Aug. 3, 1913. father's name as Ernest Wilkes and mother's name as Drucilla Howell. viewed by V. S.

365.201.00K.962

Form V. S. No. II-O—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. 24 File No. 15153

No. ..... St.

Primary Registration District No. 2090 Registered No. 105

Hospital .....

FULL NAME OF CHILD La Priel Loveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes.	July 1 1913

FATHER	MOTHER
FULL NAME Chester Loveland	FULL MAIDEN NAME Lydia Roberts
RESIDENCE Fish Haven, Ida	RESIDENCE Fish Haven, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Bountiful, Utah	BIRTHPLACE Bloomington, Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 C. P. Cooley

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1140—2m

APR 27 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

331-18 — BOX-553

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible]-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15154

Primary Registration District No. 2090 Registered No. 127

FULL NAME OF CHILD CARL NELSON CLARK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	July 29 1913

FATHER		MOTHER	
FULL NAME	Josiah H. Clark	FULL MAIDEN NAME	Ada Nelson
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M.D.

(Physician or midwife)

Address Paris, Ida

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A. Cooley

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 15154

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for No name given (Name on Original Certificate) who born (Was Born or Died) on July 28, 1913 (Date of Event)
in St. Charles Ida (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Grandmother (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Carl Nelson Clark
Date of Birth	July 28, 1913	July 29, 1913

Subscribed and sworn to before me this 1st
day of April, 1942

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Paris Idaho

My commission expires Nov. 22 1943
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

693-224-004695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Hospital ____

Registration District No 14 File No. 15155

Primary Registration District No. 2091 Registered No. 104

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel A. Williams	Catherine Findlay
RESIDENCE	Bloomington, Idaho	Bloomington, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Minnesota	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. A. Hottendorf

M. D. (Physician or Midwife)

Address Bloomington Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31 19 13 W. P. Cooley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

553-201-006515

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 74 File No. 16156

Primary Registration District No. 2074 Registered No. 110

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 1 1913

FATHER

FULL NAME: Martinus Nelson

RESIDENCE: Ovid

COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Agnes Vanny

RESIDENCE: Ovid

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Riverside, Ut.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 W. H. Cooley

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29-112-00K281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 15157

Primary Registration District No. 2098 Registered No. 117

FULL NAME OF CHILD Royston Shaw Bradley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 12 1913

FATHER		MOTHER	
FULL NAME	John Bradley	FULL MAIDEN NAME	Jessie ~~Bradley~~ Shaw
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 Ed Cooley Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A F F I D A V I T

State of Utah)
) ss
County of Salt Lake)

Before me a Notary Public in and for the said County and State, personally came Mrs. Jessie Shaw Hendricksen who being by me duly sworn, did say that she is the mother of Royston Shaw Bradley, and that the following facts concerni his birth are true and correct:

The name of the father of Royston Shaw Bradley was John Bradley, and the mother's maiden name was Jessie Shaw.

The said Royston Shaw Bradley was born on July 12, 1913 in Montpelier, Idaho and the attending physician at the time of birth was Dr. Ashley of the same city.

At the time of the birth of the above mentioned child the mother Jessie Shaw was married to the father John Bradley, but has since divorced the said husband and by court order regained her maiden name.

The said Jessie Shaw, mother, is an American citizen by virtue of her marriage to Mr. Karl W. Hendricksen.

Jessie Shaw Hendricksen

Subscribed and sworn to before me this 6th day of April, 1942. In Testimony Whereof, I have hereunto set my hand and Seal, the day and year aforesaid.

Woodruff S Nicholson

My commission expires Dec. 3, 1943

8 APR 1942

Amended 1-17-63 (Be sure the information is complete and accurate)

State File No. 15158
Local Reg. No. 116
Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Utah
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lester
b. (Middle): George
c. (Last): Gardner

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 21, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Edwin
b. (Middle): Raymond
c. (Last): Gardner

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Ida.

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ethel
b. (Middle): LaVern
c. (Last): Shupe

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ashley D. Cooley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: July 31, 1913

20. REGISTRAR'S SIGNATURE: A.D. Cooley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 15158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gardener (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lester George Gardner
Child's Date of Birth	July 15, 1913	July 23, 1913
Full Name of Father	Ray Gardener	Edwin Raymond Gardner
Mother's Maiden Name	Stella Shupe	Ethel LaVern Shupe

Subscribed and sworn to before me this 10 day of January, 19 61

Juanita Derricott
Notary Public, residing at Montpelier, Idaho
My commission expires 7-7-62
(Seal)

Signed Ethel LaVern Shupe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 19 61

Juanita Derricott
Notary Public, residing at Montpelier, Idaho
My commission expires 7-7-62
(Seal)

Signed L. P. Gardner MD
(Signature of Any Credible Person)

Montpelier, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1-6-60. one copy pd. receipt #10469.

School Record of Age: Bear Lake County, Montpelier, Idaho "gives full name of student as Lester George Gardner, born July 21, 1913 at time this Official School Census was taken, September 9, 1929, this child's age was given as 16 year 2 months." - viewed by V.S.

Social Security Card, 6/21/1937 - #519-07-4334 gives full name as Lester George Gardner - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Dec. 3, 1921 gives full name of child as Lester G. Gardner, born July 21, 1913 at Montpelier, Idaho to Edwin R. Gardner and Ethel L. Shupe - viewed by V.S.

Father's Death Cert., State of Wyoming, Jan. 30, 1945, Green River, Wyoming, gives full name as Edwin R Gardner, wife's name is given as Ethel Lavern - viewed by V.S. Cert. Copy issued Jan. 10, 1963 -

L.D.S. Church Record, Certificate of Birth, entered on Record July 3, 1897 gives full name as Ethel Luverne Shupe, born March 4, 1897 at Montpelier, Idaho to John R. Shupe and Mary A. Pryor - viewed by V.S.

245-22 8100 K249

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15159

Primary Registration District No. 2198 Registered No. 114

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 28 1913

FATHER		MOTHER	
FULL NAME	John Kunz	FULL MAIDEN NAME	Mary Gmudt
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Astley & Corby

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A Cooley Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-35-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75-22-7:00K-418

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15160

Primary Registration District No. 2098 Registered No. 113

FULL NAME OF CHILD. MAUDE ESTHER GEORGE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	July 27 1913

FATHER		MOTHER	
FULL NAME	William Georges	FULL MAIDEN NAME	Sadie Deayton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed July 31 1913 A. Cooley

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 2 6 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 16 11 41 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 15160

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed George (female) (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Maude Esther George

Subscribed and sworn to before me this 9th day of August, 19 77

Notary Public residing at 1693 Cherokee Lane L.V., Nev.
My commission expires Sept. 14, 1979
(Seal)

Notary Public - State of Nevada
CLARK COUNTY
Lucille N. Fletcher
My Commission Expires Sept. 14, 1979

Signed Elodia George Lynch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

903 Carpenter Dr 89107
(Street Address, City, State)

Las Vegas Nevada

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Nevada } ss.
County of Clark

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August, 19 77

Notary Public, residing at 1693 Cherokee Lane, Las Vegas, Nev.
My commission expires Sept. 14, 1979
(Seal)

Notary Public - State of Nevada
CLARK COUNTY
Lucille N. Fletcher
My Commission Expires Sept. 14, 1979

Signed Vida Mae Ross George
(Signature of Any Credible Person)

1216 South 3d Street Las Vegas Nev
(Street Address, City, State)

FORM DH 60-15

CL 4/25/78

Family Group Genealogy Sheet Written in 1932, gives name as [redacted]
zMaudeEster George born July 29, 1913 at Montpelier, Idaho, Blessed 1913, and BaptizedApril 20, 1924.
Viewed by V.S.
School Record issued by the Las Vegas City Schools gives name as Maude George Date of Enrollemtn Sept. 16, 1927.
Viewed by V.S.

Application for Marriage License gives name as Maude Esther George age 20 married to Stanley Hunter age 22, on May 11, 1934. Issued by the State of Nevada County of Clark.
Viewed by v.s

418-202-00294

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15161

Primary Registration District No. 2098 Registered No. 109

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 7 1913

FATHER

FULL NAME: Lewis Hay

RESIDENCE: Montpelier

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Fireman O.S.L.

MOTHER

FULL MAIDEN NAME: Vivian Kimball

RESIDENCE: Montpelier

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Meadowville, Ut.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Address Montpelier

Given name added from a supplemental report

July 31 1913

W. R. Cooley
Registrar

Filed July 31 1913 W. R. Cooley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-2-7-1-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1562

93-205-035-997

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE

Registration District No. 96 File No. 15165

Primary Registration District No. 1009 Registered No. 1

FULL NAME OF CHILD Frances Lorena Gilsman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Gilsman	Lucile Ruggles
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Lewiston, Ida.	Ida.
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Todd

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 10 1913 L. J. Perkins

..... Registrar

Registrar

8-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF

PLACE OF BIRTH

MAR 26 1953

749-115-035-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Orchards — Registration District No. 95 — File No. 15166

No. ..... St. — Primary Registration District No. 2173 — Registered No. 2

Hospital

FULL NAME OF CHILD Donald Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 15 1913

FATHER		MOTHER	
FULL NAME	D. H. Guilland	FULL MAIDEN NAME	Jennie Henderson
RESIDENCE	Lewiston's Orchards	RESIDENCE	Lewiston's Orchards
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Civil Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 10 1913 — L. J. Perkins

..... Registrar — Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 18 1942

DECEASED

652.016.035.X3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 96 File No. 15167

Primary Registration District No. 1009 Registered No. 3

FULL NAME OF CHILD Frances Marion Westling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	5	Yes	July 16 1913

	FATHER	MOTHER
FULL NAME	J. A. Westling	Minnie Galloway
RESIDENCE	Orchard Tract	Orchard Tract
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	28 (Years)
BIRTHPLACE	Minn	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Morris

(Physician ~~or Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 10. 1913 E. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAY 7 1962

249-128: 075-617

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No 0 ---, 3rd St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 96 File No. 15168

Primary Registration District No. 1009 Registered No. 4

FULL NAME OF CHILD ~~Steven Falconer~~ Buck STEPHEN FALCONER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male				July 29, 1913 (Month, Day, Year)

FATHER		MOTHER	
FULL NAME	Henry Buck	FULL MAIDEN NAME	Jessie Scott Falconer
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Aug 16 1913 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report _____, 19....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STATE OF INDIANA

OFFICE OF SECRETARY OF STATE

File No.

Expiration No.

FOR FILING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Mendocino }

Certificate No. 15168

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Steven Falconer Buick (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 28th 1913 (DATE OF EVENT) in Lewiston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Steven	Stephen Falconer Buick

Subscribed and sworn to before me this 25th day of Feb., 1943

Charles C. Kirk

Notary Public, residing at Piercy Calif

My commission expires Nov. 25th 1944

(SEAL)

Signed Tommy Buick

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cummings Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Mendocino }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Feb., 1943

Charles C. Kirk

Notary Public, residing at Piercy Calif

My commission expires Nov. 25th 1944

(SEAL)

Signed Thad H Cashell

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cummings Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1943

V. S. No. 11-C—20m-8-15-12

IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BI[illegible]

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 15169

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ronald Clare Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	June 29 1913

FATHER		MOTHER	
FULL NAME	Earl E. Davis	FULL MAIDEN NAME	Mabel C. Davis
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Penn.	BIRTHPLACE	Kans.
OCCUPATION	House painter	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelmsen, M. D. (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report ____ 19____

____ Registrar

Filed 7-3 1913 J. E. Murphy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U.S. No. 11-O—20m-6-15-2.

County of Custer

City of Broken Bow Registration District No. 34 [illegible] File No. 15170

No. ..... St. Primary Registration District No. 2087 Registered No. .....

Hospital ..... FULL NAME OF CHILD ADOLPH JOSEPH MACHACEK

Sex of Child M. | Twin Triplet or other? (To be answered only in event of plural births) ..... and Number in order of birth ..... | Legitimate? Yes. | Date of Birth June 30 (Month) 1913 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antone [illegible] MACHACEK	FULL MAIDEN NAME	Mary Grady
RESIDENCE	483 C Broken Bow	RESIDENCE	483 C Broken Bow
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Bohemia Neb.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.

(Physician or midwife)

Address Burke Nebr.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-10 1913 J. Mumfley Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 15170

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Mabacek (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate (Bible Record, Insurance Policy, Etc.) prepared on 11/26/1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name Surname	Joseph Mabacek	Joseph Adolph Machacek

Subscribed and sworn to before me this 26th
day of November, 19 43

A. L. Simon

Notary Public, residing at Buhl, Idaho

My commission expires November 5th, 1945
(Seal)

Signed Mary Machacek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.R. 1, Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 3 1948

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Burl

Registration District No. 39 File No. 15177

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Eva Louise Larson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July

FATHER		MOTHER	
FULL NAME	J. F. Larson	FULL MAIDEN NAME	Esther Mathieson
RESIDENCE	4 M. 2 S. Burl	RESIDENCE	4 M. 2 S. Burl
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Marion Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Marion Utah
		OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. S. McClure M.D.

(Physician or midwife)

Address Burl Ida

Given names added from a supplemental report

....., 19.....

Filed 7-10 1913 J. T. Murphy

Registrar

B-Y CO. 20174

WRITE PLAINLY WITH UNFADING INK. TYPE IS PREFERABLE. MARGIN RESERVED FOR BINDING

N. B. In case of [illegible]

Dep of 1913 - 404561

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15172

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Edna May Worley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 4 1913

FATHER		MOTHER	
FULL NAME	Fred Worley	FULL MAIDEN NAME	Lillie Hefling
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Baker City Or.	BIRTHPLACE	Union Co., Or.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 A.M. on the date above stated.

(Signature) O. S. McClusky M.D.

(Physician or midwife)

Address Buhl Ida

Filed 7-10 1913 J. D. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

OCT 14 1943

38-206-042-231

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 16179

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Elizabeth Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. D. Chamberlain	Genie C Stanton
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Cal.	Buhl
OCCUPATION	rancher	housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Walkenhorst

M. D. (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 7-15-1913 J. T. Mumford Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—60

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

DEC 11 1948

3142071.042.25-9

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 14-2071 File No. 15174

No. ..... St.

Primary Registration District No. 2071 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	7 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm R Carsley	Leona Seiber
RESIDENCE	6 S 6 W Buhl	6 S 6 W Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Mary Carter	Arkansas
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 8.45 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. M. C. Mundy

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida

Filed 7-10 1913 J. F. Mumpley

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-C (Rev. 6-43)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Registration District No. 39

File No. 15175

Primary Registration District No. 2087

Registered No. ____

FULL NAME OF CHILD Elsworth Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 12 (Month) (Day) 193 (Year)

FATHER		MOTHER	
FULL NAME	Arlie Brown	FULL MAIDEN NAME	Mary Blalock
RESIDENCE	2½ E Buhl	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Brumley M. D.

Buhl Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-20 1943

..... Registrar

J. T. Brumley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Buhl

No. ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15176

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD HIRAM H. Nash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 12 1913

FATHER

FULL NAME John W. Nash

RESIDENCE Buhl Ida

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Iowa

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Lina V. Kelley

RESIDENCE Buhl Ida

COLOR white AGE AT LAST BIRTHDAY 15 (Years)

BIRTHPLACE Cal.

OCCUPATION housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltzien M. D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 7-15 1913

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. U-0—Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

SEP 2 2 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

SEP 16 1941

State of Washington) Certificate No. 15176
)ss
County of Walla Walla) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Hiram H Tash (Name on original certificate) who was born (was born or died) on July 12 1913 (Date of event) in Buhl Ida (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Hiram H. Tash

Subscribed and sworn to before me this 15 day of September 1941

Signed John William Tash
father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. A. Tower
Notary Public

Residing at Walla Walla Wash

Rt 7 Walla Walla Wash
(Street address, City, State)

My commission expires May 26 1946

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Walla Walla)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Sept 1941

Signed (Mrs) Olla M. Stanton
(Signature of any credible person other than the previous affiant.)

W. A. Tower
Notary Public

Residing at Walla Walla Wash

4 Tucannon St Walla Walla
(Street address, City, State) Wash

My commission expires May 26th 1946
(SEAL)

238-114-042-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida Registration District No. 39 File No. 15177

No. ____ St. Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ellsworth Schooler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	7 14 1913

FATHER		MOTHER	
FULL NAME	Frank C. Schooler	FULL MAIDEN NAME	Effie Robertson
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Lumberman	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

(Signature) A. J. McClusky M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 7-14 1913 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

Form V.S. No. 21-C—20m-2-38-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

239-14-042-386

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—30m-2-15-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15178

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Baby Shrunk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 14 1913

FATHER		MOTHER	
FULL NAME	Noah W Shrunk	FULL MAIDEN NAME	Rena Thompson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Cal.
OCCUPATION	Real estate agt	OCCUPATION	housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuder

M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

_____ 19____

Filed 7-15 1913 J. F. Murphy
Registrar

_____
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C-40m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3192150 42-395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 15179

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Stella Louise Cairncross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 15 1913

FATHER		MOTHER	
FULL NAME	J.R.Cairncross	FULL MAIDEN NAME	Anna Livingston
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Mumfley

M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 7-20 1913

J Mumfley
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 2-15-46

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of ..... Twin Falls

595-28-042-556

Form V. S. No. 12-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 15180

No. ____ St.

Primary Registration District No. 2081 Registered No. ____

Hospital ____

FULL NAME OF CHILD Margaret Augusta Ningler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	7	18	13

FATHER		MOTHER	
FULL NAME	Jos Ningler	FULL MAIDEN NAME	Sophia Newburg
RESIDENCE	482 C Buhl	RESIDENCE	482 C Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Chcove Ill.	BIRTHPLACE	Chcove Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Elmer Church M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 7-24 1913 J. T. Munfley

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 5 1963

393-119-042

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 1518

No. ..... St.

Primary Registration District No. 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Herschel Charles Littler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 19 1913

FATHER		MOTHER	
FULL NAME	Edgar A. Littler	FULL MAIDEN NAME	Lalla V. Littler
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ind.
OCCUPATION	Hardware clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington

M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 7-26 1913 J. Thurpley
Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECORD

SEP 25 1941

556-220-042-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Twin Falls

County of

Buhl

City of

No. *St.*

Hospital

Form V. S. No. 11-C—20m-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 **File No.** 15182

Primary Registration District No. 2087 **Registered No.**

FULL NAME OF CHILD [illegible] Newberry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	July 20 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	H.O.Newberry	FULL MAIDEN NAME	Ida Gould
RESIDENCE	IN.6E.Buhl	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Thornley

M.D.
(Physician or midwife)

Buhl Ida.

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-20 1913

J. Thornley
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 1944

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 1 3 1944

612-27-042-431

[redacted] Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 31 File No. 15183

No. ____ St.

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marene Oakley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7 23 1913

	FATHER	MOTHER
FULL NAME	Jess Oakley	FULL MAIDEN NAME Anna McDonally
RESIDENCE	Twin C Buhl	RESIDENCE Twin C Buhl
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Toledo Ill	BIRTHPLACE Sigel Ill
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. McClusky M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 7-24 1913 J. Thursfield

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1973

719-25-042-942

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15184

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Harriet Esther Parrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			yes	July 25 1913

FATHER		MOTHER	
FULL NAME	Wm A. Parrish	FULL MAIDEN NAME	Florence R. Russum
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Clerk dry goods store	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltmer M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 7-26 1913 J. T. Murphy
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 22-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-20-028235

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Amended 11/4/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 15185

Primary Registration District No. 2143 Registered No. .....

FULL NAME OF CHILD Forest Gerald Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 20. (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jonas Enid Johnson	FULL MAIDEN NAME	Rosella Breathe Stevens
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kendrick Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. John Rosella
by W. G. Robinson MD
(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 2 1913

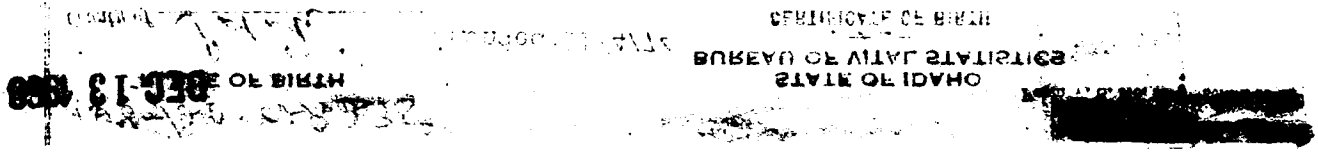
J. E. Hoyt
Registrar

..... Registrar

8-Y CO. 20174

Certified Copy issued Feb. 11, 1941. E.W.

SEP 2 6 1974



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 31 11 09 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15185

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Forrest Gerald Johnson (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1913 (Date of Event)

in Kendrick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Number of children	4	1

Subscribed and sworn to before me this 29 day of October, 19 74

..... Notary Public, residing at Everett

My commission expires 4-7-76

(Seal)

Signed X Forrest G. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Snohomish }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of October, 19 74

..... Notary Public, residing at Everett

My commission expires 4-7-76

(Seal)

Signed X [illegible] (Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 10/24/74 nm

NOV 4 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-210-029.000

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital ..... /

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 15186

Primary Registration District No. 2143 Registered No. .....

FULL NAME OF CHILD Juanita Mae Stanton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 10 1913

FATHER		MOTHER	
FULL NAME	Harry Gerald Stanton	FULL MAIDEN NAME	Dottie Jane
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Post. Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rathwell M.D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 2 1913 J. E. Hoyt

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-4-38-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 15 12 22 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 15186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stanton (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1913 (Date of Event)
in Kendrick, Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible and Kendrick Public School Report Card (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "~~Birth Date~~," "~~Cause of Death~~," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Juanita Mae Stanton

Subscribed and sworn to before me this 11th day of December, 19 75

Notary Public, residing at Moscow, Idaho
My commission expires 3-12-79
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 19 75

Notary Public, residing at Moscow, Idaho
My commission expires 3-12-79
(Seal)

Signed A. M. Long
(Signature of Any Credible Person)

Kendrick, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/16/73 NIm

Kendrick Public Schools report card gives name as Jaunita Stanton. daated 1919-1920. signed by Mrs. D. R. White. viewed by V.S.

DEC 18 1975

Family Bible record gives name as Juanita Mae Stanton. born May 10, 1913. viewed by V. S.

688-107-029-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 15187

Primary Registration District No. 2143 Registered No. 8

FULL NAME OF CHILD Noel McKnight Knight Whybark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 7 1913

FATHER		MOTHER	
FULL NAME	William McKnight Whybark	FULL MAIDEN NAME	Esther Harris
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 1913 J.E. Hoyt Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

866-114 004-452

PLACE OF BIRTH

Form V. S. No. 11-C—30m-3-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 15188

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack M. Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 14 1913

FATHER		MOTHER	
FULL NAME	John W. Howard	FULL MAIDEN NAME	Martha Messerly
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Manhattan Kans	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Dw Poynter M.D.
(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed 7/31 19 13

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 11 1981

815:125-OOK 314

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 15189

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 25 1913

FATHER		MOTHER	
FULL NAME	James A Hansen	FULL MAIDEN NAME	Rebecca Spaulding
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Poynter M.D.

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed 7/31/ 19 13 S. A. Kingsford

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dupe of 1913 · 3326676

298-221-004 693

PLACE OF BIRTH

County of Bear Lake

City of Raymond

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 15190

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD FERN GWENDOLYN BIRCH

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 21 1913

FATHER		MOTHER	
FULL NAME	Milford Birch	FULL MAIDEN NAME	Pearl Williams
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montpelier	BIRTHPLACE	Nauvoo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Dee Poynter M.D.

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/31 1913 [illegible] Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. AUG 17 2 05 PM '77

Certificate No. 15190

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Birch (female) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1913 (Date of Event)
in Raymond, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Fern Gwendolyn Birch

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of
August, 19 77

Notary Public, residing at Boise, Ida
My commission expires 5-79
(Seal)

Signed Edna Leone
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/5/76 nm

Social Security Card issued to Fern B. Hutchens gives name Fern G. Birch Hutchens. # 519 09 6381. Card issued 1961.
Viewed by V. S.

Own child's certificate on file with Vital Statistics gives name of mother of child as Fern Gwendolyn Birch. Child born April 6, 1933, Lawrence Clyde McConnell, state file # 212283.
Viewed by V.S.

455-110-00K-395

PLACE OF BIRTH

County of Bear Lake

City of Pegram

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15191

Primary Registration District No. 2098 Registered No. .....

FULL NAME OF CHILD Delora May Develey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 10th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. R. Develey	FULL MAIDEN NAME	Edith M. Truscott
RESIDENCE	Pegram, Idaho	RESIDENCE	Pegram, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Kinney M.D.

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed 7/14/ 19 13 A. H. Kinney Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1942

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

APR 27 1973

(33-113-00K236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 15192

Primary Registration District No. 2098 Registered No. ____

FULL NAME OF CHILD [redacted] allred John Cleve Allred

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: July 13 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: W. C. Allred

RESIDENCE: Montpelier, Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Mechanician

MOTHER

FULL MAIDEN NAME: Della May Scott

RESIDENCE: Montpelier Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) W. H. King M.D.

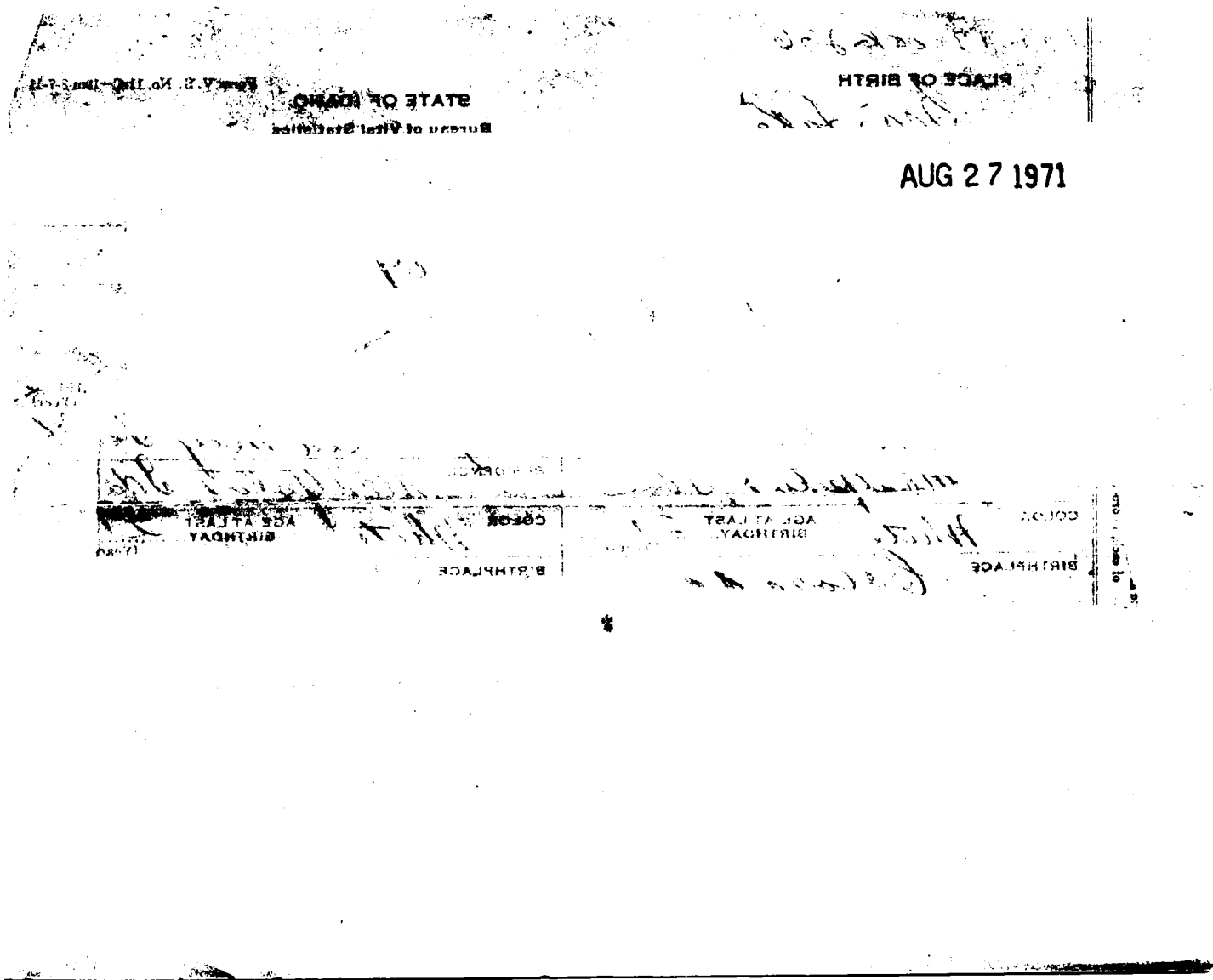
Physician

(Physician or Midwife)

Address Montpelier, Ida

Filed 7/14/13 W. H. King
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826


PLACE OF BIRTH
AUG 2 7 1971

292-119004 3/2

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

Registration District No. 52 File No. 15193

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 9 1913

FATHER		MOTHER	
FULL NAME	Ingrid Bischoff	FULL MAIDEN NAME	Minnie Larkbrook
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Geneva
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeVer Paynter M.D.

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed 7/31, 1913 W. H. Kingsbury

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1100

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

355.107 OCK 962

Form V. S. No. [illegible] Rev. 2-15-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 15194

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Howard Everett Teerink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male	##	##	yes	7- 7- 191 3 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E.J.Teerink	FULL MAIDEN NAME	Carrie Ross
RESIDENCE	Emmett Ida	RESIDENCE	same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Kans
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) B.O.Clark M.D.

(Physician or midwife)

Address Emmett Ida

Filed 7-28 1913 J.L.Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Canyon

County of

985-119-01K 867

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH A+B

County of Canyon

City of Emmett

Registration District No. 2010 File No. 15195

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Premature

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male / Male	Twins	and	yes	7- 19 1913

FATHER

FULL NAME: Geo Rynearson

RESIDENCE: Emmett

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Mable Hopkins

RESIDENCE: same

COLOR: W. AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who were alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-28-13 J. L. Reynolds
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

985-119-01K 867

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH A+B

County of Canyon

City of Emmett

Registration District No. 2010 File No. 15195

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Premature

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male / Male	Twins	and	yes	7- 19 1913

FATHER

FULL NAME: Geo Rynearson

RESIDENCE: Emmett

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Mable Hopkins

RESIDENCE: same

COLOR: W. AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who were alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-28-13 J. L. Reynolds
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

214-120-01K719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... *St.*

Hospital .....

Registration District No. 2010 **File No.** 15196

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Premature

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	##	##	yes	7- 20- 1913

FATHER		MOTHER	
FULL NAME	Roy J. Saunders	FULL MAIDEN NAME	Susie Gary
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett 2 da

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-25- 1913 J. P. Reynolds Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Canyon

Emmett

859-117-01K-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 2010 File No. 15197

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clyde William Yergenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	7- 17- 1913

FATHER		MOTHER	
FULL NAME	Willie K. Yergenson	FULL MAIDEN NAME	Mattie Fincher
RESIDENCE	Emmett Ida.	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.
(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

..... 19.....

Filed 7-28 1913 J. A. Reynolds
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/7/41 L. B.

238-12201-K-253

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-13

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 15198

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glenn J. Schiller

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	##	##	yes	7 (Month) – 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Paul Schiller	FULL MAIDEN NAME: Minerva Kelley
RESIDENCE: Emmett Ida	RESIDENCE: same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 52 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Virg.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) B. O. Clark MD

(Physician or midwife)

Address Emmett Ida

Filed 7-28-1913 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

9-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—20m-9-18-58

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

Canyon

FEB 18 1960

6[illegible] X-946

[illegible] BIRTH

[illegible] Canyon

City of Emmett

No. ..... St.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15199

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Leone Hallington

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\	\	yes	July 6 1913

FATHER

FULL NAME Jno Thos. Hallington

RESIDENCE Emmett Idaho

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Lincolnshire Eng

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Minnie Manettie Duffett

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Grass Valley Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

Filed 7-15-1913 J. L. Reynolds Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

Form V.S. No. 11-C—Rev. 3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

562-21-01K-755

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 File No. 15200

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Lorine Voss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	**	**	yes	7- 21- 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Voss	Sophia Rilla Sophia Peery
RESIDENCE	Emmett Ida.	same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Texas	Nebr.
OCCUPATION	Mach.	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Black MD

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

Filed 7-28-1913 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 15200

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorthie Norine Voss (Name on Original Certificate) who born (Was Born or Died) on July 21st 1913 (Date of Event)
in Emmett, Idaho, Canyon Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr. B.O. Clark — Metropolitan Ins. Co. (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorthie Norine Voss	Dorothy Lorine Voss
Mother's maiden name	Rilla Perry	Rilla Sophia Peery

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed Mrs Frank H. Voss.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed Burton O Clark MD
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAR 31 1944

JUN 19

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS SPACE MUST BE LEFT BLANK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth

...y of Emmett — Registration District No. 2010 — File No. 15201

...St. — Primary Registration District No. ... — Registered No. ...

...ital — Margaret Florence Witmer

...L NAME OF CHILD

...of	Twin, Triplet or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7-- 23 1913

FATHER	MOTHER
Ralph Witmer	FULL MAIDEN NAME: Anna M. Parks
RESIDENCE: Arrow Rock Ida.	RESIDENCE: same
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Mo.
OCCUPATION: Civil Engeneer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2.

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.O. Slade MD

(Physician or midwife)

Address ...

Given names added from a supplemental report

..... 19.....

Filed 7-28-

..... Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Canyon

APR 22 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643126-0[illegible]

PLACE OF BIR[illegible]

Form V. S. No. 11.D-60m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 File No. 15202

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ivan Lavelle Fuller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	** (To be answered only in event of plural births)		**	yes	7 — 26 — 1913

FATHER		MOTHER	
FULL NAME	Fred Fuller	FULL MAIDEN NAME	Huldah Casper
RESIDENCE	Emmett da.	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Given names added from a supplemental report

Emmett Ida

[illegible] 19 13 J. C. Ryan

S-Y CO. 20174

Form V. S. No. 11-0-20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN - 0 1942

PLACE OF BIRTH

Canyon

(County)

RECORDING PAGE FOR THIS IS A PERMANENT

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CERTIFICATE OF BIRTH

City of Mountain Home — Registration District No. 34 — File No. 15203

No. ____ St. — Primary Registration District No. 2020 — Registered No. 47

Hospital ____

FULL NAME OF CHILD Dista Helene Collins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		7th	Yes	July 3 1913

FATHER	MOTHER
FULL NAME: Frank Alonzo Collins	FULL MAIDEN NAME: Cora Bertha Holdridge
RESIDENCE: Mountain Home Idaho	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: fifty-four (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Morgantown N. C.	BIRTHPLACE: Swanton Jct. Ut.
OCCUPATION: Rancher	OCCUPATION: Home keeper

Number of child of this mother, including present birth: Seven

Number of children of this mother now living, including present birth: Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Mrs. ELIZABETH HONGA

Midwife (Physician or midwife)

Address Mountain Home, Idaho

Filed July 5th 1913 B.O. Walker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

AUG 2 3 1976

582-12-0-20-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Inter Home

No. ——— St. ———

Hospital ———

Registration District No. 34 File No. 15204

Primary Registration District No. 2020 Registered No. 53

FULL NAME OF CHILD ~~Not Named~~ John Leland Eyster

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 12 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A Eyster	FULL MAIDEN NAME	Hilma Larsen
RESIDENCE	Inter Home	RESIDENCE	Inter Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Kan
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3.15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazer

Physician

(Physician or midwife)

Address Inter Home Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug. 7th 1915 B.W.M.

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Elmore

CERTIFICATE OF BIRTH

City of Mountain Home — Registration District No. 34 — File No. 15205

No. ____ St. — Primary Registration District No. 2020 — Registered No. 49

Hospital ____

FULL NAME OF CHILD Robert Frank Kessel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Fifth	Yes	July 17 1913

FATHER	MOTHER
FULL NAME William Ernest Kessel	FULL MAIDEN NAME Anna Gastel
RESIDENCE Mountain Home	RESIDENCE Mountain Home
COLOR White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Osnedlinburg Germany	BIRTHPLACE Germany
OCCUPATION Laborer	OCCUPATION Housekeeper

Number of child of this mother, including present birth Fifth — Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife

(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed July 21st 1913 — B. W. Mathes Registrar

B-Y CO. 20174

Registrar

FEB 17 1944

713.20-020-786

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 15206

No. —, —— St.

Primary Registration District No. 2020 Registered No. 48

Hospital —

FULL NAME OF CHILD Eva Doris Patterson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	July 1st, 1913

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Omer W. Patterson	FULL MAIDEN NAME	Eveline Thompson
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	N. H.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) B. W. Mather
Physician
(Physician or Midwife)

Address Mountain Home

Filed July 1st, 1913 B. W. Mather
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. H-C-1M-6-39-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 8 1 1944

24210?-20-665

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of ———

No. ———, ——— St.

Hospital ———

Registration District No. 34 File No. 15207

Primary Registration District No. 2020 Registered No. 51

FULL NAME OF CHILD Claude Latimore Sullivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	———	———	yes	7 3 1913

FATHER	MOTHER
FULL NAME Claude L. Sullivan	FULL MAIDEN NAME Lizzetta Owen
RESIDENCE Mtn H.	RESIDENCE Mtn H.
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Utah.
OCCUPATION Lineman	OCCUPATION Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Hawley

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31st 1913 B. W. Mathews

Registrar

S-Y CO., 19670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

DEC 12 1942

PLACE OF BIRTH

APR 9 1953

345.11 9 1-20-P854

PLACE OF BIRTH

Form V. S. No. 11-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 34 — File No. 15208

No. — St. — Primary Registration District No. 2020 — Registered No. 50

Hospital —

FULL NAME OF CHILD Kenneth Juel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	seventh	Yes	July 19 1913

FATHER		MOTHER	
FULL NAME	Justin K Juel	FULL MAIDEN NAME	Thurman
RESIDENCE	Thurman	RESIDENCE	Ollie M Averill
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Shannon Kentucky	BIRTHPLACE	Lone Kansas
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth seventh — Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife (Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

....19....

Filed July 21st 19 13 B W Walker Registrar

....Registrar

8-V CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

185203-020493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. [redacted] 34

File No. 15209

No. —— St.

Primary Registration District No. 2020

Registered No. 52

Hospital —

FULL NAME OF CHILD first named Alma Florence Tye

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 3 1913

FATHER	MOTHER
FULL NAME James P Tye	FULL MAIDEN NAME Florence S Williams
RESIDENCE Mtn Home	RESIDENCE Mtn Home
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Ark	BIRTHPLACE Ark
OCCUPATION Lineman	OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Faucett

Physician

(Physician or midwife)

Address Mtn Home

Given names added from a supplemental report

....., 19.....

Filed Aug. 7th 1913 B. L. Mathews

Registrar

.....

Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 1 8 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

19622 8 009513

CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry, Registration District No. 79 File No. 15210

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marie Aline Dion.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	— and —	—	Yes	July 28, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Dion	Josephine Valley.
RESIDENCE	Bonners Ferry, Ida	Bonners Ferry
COLOR / AGE AT LAST BIRTHDAY (Years)	White 45	White 41
BIRTHPLACE	Canada	Canada
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.25 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fee, M.D.

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed July 30, 1913. E. E. Fee

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

COLOR

AGE AT LAST
BIRTHDAY

319-220-009-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 79 — File No. 15211

No. ____ St. ____

Hospital ____ — Primary Registration District No. 2156 — Registered No. ____

FULL NAME OF CHILD Dorothy Bernice Carr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	—	—	yes	July 20 1913

FATHER

FULL NAME: Archibald Carr

RESIDENCE: Bonners Ferry, Ida.

COLOR: white — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Laborer.

MOTHER

FULL MAIDEN NAME: Grace Maness

RESIDENCE: Bonners Ferry, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.... ..... Registrar

Filed July 23 1913. E E Fry Registrar

S-Y CO. 24698

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 5 1972

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

717-16-009-45-9

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 15212

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD William James Parson.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes.	July 16 — 1913.

FATHER		MOTHER	
FULL NAME	James W. Parson	FULL MAIDEN NAME	Grace B. Merchant
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Mich.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 18, 1913 E. E. Fry Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

766-229-002-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Port Hill

No. ..... St.

Registration District No. .....

File No. 15213

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Catherine Winnifred Goodwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes	June 29 1913

FATHER		MOTHER	
FULL NAME	Berton Eugene Goodwin	FULL MAIDEN NAME	Bertha Pereilla Ward
RESIDENCE	Port Hill, Idaho.	RESIDENCE	Port Hill, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Canada
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) * Mrs L. C. Ames

midwife (Physician or midwife)

Address Port Hill, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Aug. 11 1913

..... Registrar

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 14 19[illegible]

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

762-219-0089-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. Island St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 15214

Primary Registration District No. 2034

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 19 1913

FATHER

FULL NAME: William Thomas Poston

RESIDENCE: Bonners Ferry, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Anna Stenerson

RESIDENCE: Bonners Ferry, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report.

....., 19....

Registrar

Filed June 21, 19 13

Registrar

S-Y CO. 24489

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NAME

RESIDENCE

COLOR

BIRTHDAY

AGE AT LAST BIRTHDAY

BIRTHPLACE

817-129-009286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of

No. St.

Hospital

Registration District No. 8 File No. 15215

Primary Registration District No. 2034 Registered No.

FULL NAME OF CHILD Otto Clarence Haggart.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 29 1913

FATHER

FULL NAME: Otto Clarence Haggart

RESIDENCE: Bonners Ferry, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Rancher.

MOTHER

FULL MAIDEN NAME: Bethany Sharp.

RESIDENCE: Bonners Ferry.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Arkansas.

OCCUPATION: Housewife

Number of child of this mother, including present birth: IV

Number of children of this mother now living, including present birth: III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:25 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Address Bonners Ferry, Idaho.

Given names added from a supplemental report.

....., 19....

Registrar

Filed June 1, 1913

Registrar

S-Y CO. 24688

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 24 1942

PLACE OF BIRTH

693 [redacted] 007 [redacted]

BIRTH

[redacted] IDAHO

BURE[redacted]L STATISTICS

[redacted] OF BIRTH

Form V. S. No. 21-C—20m-8-15-13

5216

County [redacted]auch,

City of Pocatello Registration District No. 28 File No. 4

No. 555 North 4th Ave. Primary Registration District No. 1002 Registered No. 167

Hospital

FULL NAME OF CHILD PAUL MAURICE ~~XXXXXXXXX~~ Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	July 5 1913

FATHER		MOTHER	
FULL NAME	William Howell Williams	FULL MAIDEN NAME	Lilly Holder
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	AGE AT LAST BIRTHDAY	27 yrs. (Years)
COLOR	White	AGE AT LAST BIRTHDAY	23 yrs. (Years)
BIRTHPLACE	Cache Co. Utah	BIRTHPLACE	Birmingham Eng.
OCCUPATION	Cement Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steed

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....

Registrar

Filed July 7, 1913 O B Steed

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 15 1953

SEP 14 1953

S-46-201-003-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15217

County of Bannock

City of Pocatello

Registration District No. 28

File No.

No. 1144 N. Harrison St.

Primary Registration District No. 1002

Registered No. 168

Hospital

FULL NAME OF CHILD Annie Grace Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 1 / 13 19—

FATHER		MOTHER	
FULL NAME	John Byron Edwards	FULL MAIDEN NAME	Sarah Annie Olsen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Boston, Mass.	BIRTHPLACE	Pocatello Idaho.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on July 1, 13, at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

O B Keeley
Registrar

Filed July 10, 1913

O B Keeley
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—30m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

APR 27 1954

669-102-002844

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 520 S. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-8-15-12

CERTIFICATE OF BIRTH

15718

Registration District No. 28 File No. 4

Primary Registration District No. 1002 Registered No. 169

FULL NAME OF CHILD William Forrest

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes.	July 2 [redacted]

FATHER		MOTHER	
FULL NAME	Robert C. Forrest.	FULL MAIDEN NAME	Marie Humphreys.
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
COLOR	white.	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Brigham City, Utah.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Plumber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 2, at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Smith Woolley. M. D.

(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

.....19.....

Filed July 7, 1913

O. B. Lieuallen
Registrar

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [redacted] of each, must be made for each and the number stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 2 4 1943

767.103:003-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15219

County of Bannock

City of Pocatello

No. 845 So. Harrison St.

Hospital Home

Registration District No. 1928 File No. 4

Primary Registration District No. 1002 Registered No. 179

FULL NAME OF CHILD Gilbert Charles Pope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 9 1913

FATHER		MOTHER	
FULL NAME	Bert L. Pope	FULL MAIDEN NAME	Ada Mae Lyon
RESIDENCE	845 So. Harrison	RESIDENCE	845 So. Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oakley Idaho	BIRTHPLACE	Riverdale Idaho
OCCUPATION	hay & grain merchant	OCCUPATION	housekeeping

Number of child of this mother, including present birth three (3) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Emma Bird
midwife
(Physician or midwife)

Address 704 So. Grant St.

Given names added from a supplemental report

....., 19.....

Filed July 5 1913

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569.204-003919

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 15220 4

County of Bannock

City of Pocatello

No. 856 N. Hamer St.

Registration District No. 28 File No.

Primary Registration District No. 1002 Registered No. 171

Hospital

FULL NAME OF CHILD Mary Elezabeth Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	July 4th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Morrison	Margaret Honor Raidy
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	27 (Years)
BIRTHPLACE	Kansas City Mo.	Trout River N.Y.
OCCUPATION	Foreman Phoenix Construction Co.	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 4/13 (Born alive or stillborn), at 11.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H a Castle MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 10, 1913 O B Lee Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

JUL 30 1956

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15220

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-206-003-651

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15221

County of Bannock

City of Pocatello

No. 534 S. 6th Ave.

Registration District No. 28 File No. 4

Primary Registration District No. 1002 Registered No. 172

Hospital

FULL NAME OF CHILD Gladys Martha Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	July 6th 1913

FATHER

FULL NAME: John A Martin

RESIDENCE: Pocatello Idaho

COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Ashland Ohio

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Mamie E. Wealand

RESIDENCE: Pocatello Idaho

COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: McPherson Kan.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 6/13 (Born alive or stillborn) at 5-50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed July 10, 1913 O B Leech Registrar

8-Y CO. 20174

PLACE OF BIRTH

9

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

960-207-003.213

PLACE OF BIRTH

County of Bannock

Pocatello.

[redacted] W. Lander St.

[redacted]ital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 10m-6-15-13

CERTIFICATE OF BIRTH

15222

Registration District No. 28 File No.

Primary Registration District No. 1007 Registered No. 172

FULL NAME OF CHILD RUTH ELAINE Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes -	July 7 1913

FATHER		MOTHER	
FULL NAME	William Robinson -	FULL MAIDEN NAME	Violate Bates
RESIDENCE	Pocatello, Idaho -	RESIDENCE	Pocatello, Idaho.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
COLOR	white.	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Farmington, Utah -	BIRTHPLACE	Idaho.
OCCUPATION	Clerk - Furniture Store	OCCUPATION	Housewife -

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, July 7 at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Whalley -
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10, 1913 O. J. Evans
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BI[redacted]
WRITE PLAINLY, WITH UNFADING INK—THIS IS [redacted] RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated.

Form V. S. Bur. 11—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 22 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

147607 003689

PLACE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 545 S. 3rd Ave., St.

Hospital ——————

Registration District No. 28

File No. 15273

Primary Registration District No. 1002

Registered No. 174

FULL NAME OF CHILD Edward Allan Duggan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1st	Yes	July 7, 1913

FATHER		MOTHER	
FULL NAME	William Edgar Duggan	FULL MAIDEN NAME	Annie White
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Red Mountain, Colorado	BIRTHPLACE	Coal Creek, Colo.
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed July 10, 1913 O B Leeds

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

15224
4

City of Pocatello Registration District No. 28 File No.

No. 545 S. 3rd Ave., St. Primary Registration District No. 1002 Registered No. 175

Hospital

FULL NAME OF CHILD Edna Pearl Duggan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	July 7, 1913

FATHER	MOTHER
FULL NAME: William Edgar Duggan	FULL MAIDEN NAME: Annie White
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Red Mountain, Colo.	BIRTHPLACE: Coal Creek, Colo.
OCCUPATION: Grocer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed July 10, 1913

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Jefferson

BIRTHPLACE

BIRTHPLACE

BIRTHPLACE

692-210-603-864

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15225

County of Bannock

City of Pocatello

No. 1462 Jefferson St.

Hospital

Registration District No. 28 File No.

Primary Registration District No. 1002 Registered No. 176

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 10 1913

FATHER		MOTHER	
FULL NAME	Earle F. Fiske.	FULL MAIDEN NAME	Helen Jones
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, July 10, at 9.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed July 12 1913 O. B. Steele
Registrar

.....
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STEP MOTHER
ON 13-299573

DUP OF 1913-299573

867-111-003-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15226

County of Bannock,

City of Pocatello

No. 905 S. 3rd St.

Hospital

Registration District No. 28

File No. 4

Primary Registration District No. 1002

Registered No. 177

FULL NAME OF CHILD Baby Hopkins, Paul Steely

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			Yes	July 11 1913

FATHER

FULL NAME Robert Franklin Hopkins.

RESIDENCE Pocatello

COLOR White. AGE AT LAST BIRTHDAY 38 yrs. (Years)

BIRTHPLACE Benaja, N. C.

OCCUPATION Creamery Employee

MOTHER

FULL MAIDEN NAME Maude Ellen Harrison.

RESIDENCE Pocatello.

COLOR White. AGE AT LAST BIRTHDAY 31 yrs. (Years)

BIRTHPLACE Reidsville, N. C.

OCCUPATION Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

(Signature) O. F. Steely

(Physician or midwife)

Address Pocatello, Idaho

Filed July 12 1913

O. F. Steely
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #519-07-9655 gives full name as Paul Steely Hopkins - viewed by V.S.

Other Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 15226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hopkins (Name on Original Certificate) who born (Was Born or Died) on July 11, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Paul Steely Hopkins
Date of Birth	July 11, 1913	July 11, 1912

Subscribed and sworn to before me this 27th day of August, 19 61

Notary Public, residing at Pocatello, Ida.
My commission expires September 4, 1961
(Seal)

Signed Marsha Ellen Hopkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 19 61

Notary Public, residing at Pocatello, Ida.
My commission expires September 4, 1961
(Seal)

Signed Betty Lou Hollaway
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 9-3-59. 2 copies pd. receipt #15126.

Own Child's Birth Cert. on file, #333447 gives full name of father as Paul Steely Hopkins - viewed by V.S.

OCT 5 1960

APR 22 1975

The Equitable Life Insurance Co. Policy,, February 24, 1949 gives full name as Paul S. Hopkins, born July 11, 1912 at Pocatello, Idaho - Policy No. 12,839,327 - viewed by V.S.

The Prudential Life Insurance Co. Policy, #W70 419 005, Jan. 3, 1956 gives full name as Paul S. Hopkins, born July 11, 1912 at Pocatello, Idaho - viewed by V.S.

10-5-60 Date of birth not to be changed - found another child's birth cert. on file #6685 which gives hisbirth date as June 12, 1912 and this child's death cert. is on file #2531, died on July 2, 1912, so Paul Steely could not have been born on July 11, 1912 -

FEB 3 1975

395·212·1003·551

PLACE OF BIRTH

Form V. S. No. 13—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 15227

County of Bannock

City of Pocatello

Registration District No. 28 File No. 47

No. ..... St.

Primary Registration District No. 1002 Registered No. 178

~~Hospital~~ Home

FULL NAME OF CHILD Helen Dorothy Creasen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 12 1913

FATHER		MOTHER	
FULL NAME	F. W. Creasen	FULL MAIDEN NAME	Rosa May Evans
RESIDENCE	125 N. 3rd ave	RESIDENCE	125 N 3rd St Pocatello.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio.	COLOR	W
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Albia. Iowa.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed July 14, 1913

.....
Registrar

.....
Registrar

S-Y CO. 20175

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 5 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-B-213-803-666

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 15228

County of Bannock

City of Pocatello

Registration District No. 28 File No. 4

No. 620 W. Clark St.

Primary Registration District No. 1002 Registered No. 179

Hospital Pocatello General

FULL NAME OF CHILD Lucille ESTERBROOK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-----	-----	Yes	July 13, 1913

FATHER	MOTHER
FULL NAME: John Pierd Esterbrook	FULL MAIDEN NAME: Rowena Wood
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Sierra City, California	BIRTHPLACE: LaBelle, Mo.
OCCUPATION: Shipping Clerk.	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed July 15, 1913 O. F. Lee

Registrar

S-Y CO., 16670

JUN 29 1967

AUG 27 1942

363.2171603.958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-[illegible]m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15229
4

County of Bannock

City of Pocatello

No. 133 So. Main St.

Registration District No. 28 File No.

Hospital —

Primary Registration District No. 1002 Registered No. 180

FULL NAME OF CHILD Baby Coleman Thelma Elinore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	1 17 1913

	FATHER	MOTHER
FULL NAME	Uriel Coleman	FULL MAIDEN NAME Effie Lela Reynolds
RESIDENCE	Pocatello	RESIDENCE Pocatello
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	41	29
BIRTHPLACE	New York City	Kansas City Mo
OCCUPATION	Chief Clerk Weighing Dept	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) [illegible] Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho

Filed July 20, 1913 O B Steely
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

MAY 7 1951

JAN 24 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bannock

City of Pocatello

No. 906 S. 2nd Ave. St.

Hospital ~~~~~~~~

CERTIFICATE OF BIRTH 15230

Registration District No. 28

File No. 37

Primary Registration District No. 1002

Registered No. 181

FULL NAME OF CHILD FLOYD CLYDE POPE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~~~~	~~~~	Yes	July 19, 1913

FATHER	MOTHER
FULL NAME: Floyd Pope	FULL MAIDEN NAME: Myrtle Ella Richardson
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Oakley, Idaho	BIRTHPLACE: Neeley, Idaho
OCCUPATION: In Feed Store	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed July 21, 1913 O. Bates

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

319 [redacted] 3-294

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15231

County of [redacted]h,

City of Pocatello

Registration District No. 28

File No. 4

No. 708 S. 2nd St.

Primary Registration District No. 1002

Registered No. 182

Hospital

FULL NAME OF CHILD Baby La Rose, Frank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	July 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank La Rose	Ida Simpson
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34 yrs.	33
BIRTHPLACE	Monterey Co., Calif.	Box Elder Co., Utah.
OCCUPATION	Sheep Shearer.	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Seeley

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed July 21, 1913 H. J. Seeley

Registrar

.....

Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SEP 25 2001

DUP OF 13-309868

249-132-003-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15232

County of Bannock

City of Pocatello

No. 340 W St.

Registration District No. 28 File No. 4

Primary Registration District No. 1002 Registered No. 183

Hospital

FULL NAME OF CHILD Hubert Raymond Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 22nd, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ulysses Grant Smith	Nettie Hanslip
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Foster, Station Tenn	Lowell, Ark.
OCCUPATION	Store Dept O & L. R.R.	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 22/13 (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed July 25 1913 C. J. Healey

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-124-003-519

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15233

County of Bannock

City of Pocatello

Registration District No. 28 File No. 4

No. St.

Primary Registration District No. 1002 Registered No. 184

~~Hospital~~ Home

FULL NAME OF CHILD Wallace Earley Johnston

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				7 24 1913

FATHER

FULL NAME Liman Wallace Johnston

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Monroe, Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Sarah E. Earley

RESIDENCE Pocatello Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Round Valley Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed July 26 1913

.....
Registrar

.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

CERTIFIED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413126.007805

PLACE OF BIRTH.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15234

County of Bannock

City of Pocatello

No. 1116 N. Hayes St.

Registration District No. 28 File No. 4

Primary Registration District No. 1002 Registered No. 185

Hospital

FULL NAME OF CHILD Arthur Dean Malcomson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	July 26th 1913

FATHER		MOTHER	
FULL NAME	Nels F Malcomson	FULL MAIDEN NAME	Dina H Hanson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 26/13 (Born alive or stillborn) at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Filed July 28 1913 O J Leary Registrar

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

PLACE OF BIRTH.

(County of _____

9

Form V. S. No. 11-C—20m-2-H

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1934

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-12

County of Bannock

City of Pocatello

No. 584 N. Clark St.

Hospital —

CERTIFICATE OF BIRTH

15235 4

Registration District No. 28 File No.

Primary Registration District No. 1002 Registered No. 186

FULL NAME OF CHILD [redacted] Drout, Robert Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
W.			Yes	7 29 1913

FATHER	MOTHER
FULL NAME: Glen Henry Drout	FULL MAIDEN NAME: Agnes Doyle
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Marshalltown Ia.
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 30 1913 O. O. Steel

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

APR 5 1949

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15236

PLA[redacted]H

County of [redacted]uy

City of Hagerman

Registration District No. _____ File No. 5

No. _____ St.

Primary Registration District No. 203 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruland Frank Vader

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ted Vader	Elda Holmes
RESIDENCE	Hagerman	Hagerman
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 1 19 13 W H Marshall Registrar

S-Y CO. 20174

Form V. S. No. 11-C-60

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

285 212 024 354

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15237

County of Fremont

City of Hagerman

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 2013 Registered No. _____

Hospital _____

FULL NAME OF CHILD Fern Angeline Sherman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	–	3	yes	June 12 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Sherman	Deborah Ledbetter
RESIDENCE	Hagerman	Hagerman
COLOR	wh	
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Utah	Washington
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

W H Marshall
Registrar

(Signature) W H Marshall
(Physician or midwife)

Address .....

Filed aug 1 19 13 W H Marshall
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

519-226-024 945

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15238

County of Gooding

City of Hagerman

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 2013 Registered No. _____

Hospital _____

FULL NAME OF CHILD Donna June Jones Carneal.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		8	yes	July 26 1913

FATHER		MOTHER	
FULL NAME	Jesse James Carneal	FULL MAIDEN NAME	Mathilda Rumalpaw
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ala.	BIRTHPLACE	Iceland
OCCUPATION	Ranch Hand	OCCUPATION	H. wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report

..... 19.....

Filed Aug 1 1913 W H Marshall
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

19-5-129-02852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Hagerman

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15239

Registration District No. ..... File No. .....

Primary Registration District No. 2013 Registered No. .....

FULL NAME OF CHILD — Arnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 29 1913

FATHER

FULL NAME	Lulu Arnett
RESIDENCE	Hagerman
COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.
OCCUPATION	Rancher

MOTHER

FULL MAIDEN NAME	Reta Roberts
RESIDENCE	Hagerman
COLOR	
AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida
OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 9. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

W H Marshall Registrar

(Signature) W H Marshall

(Physician or midwife)

Address Hagerman

Filed Aug 1 1913 W H Marshall Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

522-226-024-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

Registration District No. .....

File No. 1524D

Primary Registration District No. 2013

Registered No. .....

FULL NAME OF CHILD — Roberto

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	June 26 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bee Roberto	FULL MAIDEN NAME	Jane McElwayle
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hagerman Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report

..... 19.....

W. H. Marshall
Registrar

Filed Aug 1 1913

W. H. Marshall
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-30m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Iona — Registration District No. 73 — File No. 15241

No. ____ St. — Primary Registration District No. 2150 — Registered No. 142

Hospital ____

FULL NAME OF CHILD Everett L. Fredrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	June 29th 1913 (Month) (Day) (Year)

FATHER

FULL NAME Clarence Fredrickson

RESIDENCE Iona

COLOR white — AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Newens Swander

RESIDENCE Iona

COLOR White — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine D Thompson (Physician or midwife)

Address Upon Bonneville Co Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1913 W. Hansen Registrar

8-Y CO. 20174

FEB 17 1969

5/26/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S61-128-010-324

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15242

Primary Registration District No. 2176 Registered No. 163

FULL NAME OF CHILD George Nojima

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 26, 1913

FATHER		MOTHER	
FULL NAME	M. Nojima	FULL MAIDEN NAME	Tiyo Tsuneida
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	Yellow (Japan)	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls. Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/14 19 13 W. [illegible] Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

547206-010-493

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 73 File No. 15243

Primary Registration District No. 2150 Registered No. 164

FULL NAME OF CHILD Linda Empey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 6, 1933

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Empey	Polly Mitchell
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) John O. Mellor MD

(Physician or Midwife)

Address Idaho Falls. Ida

Filed 7/14 19 33

Registrar

19 ____

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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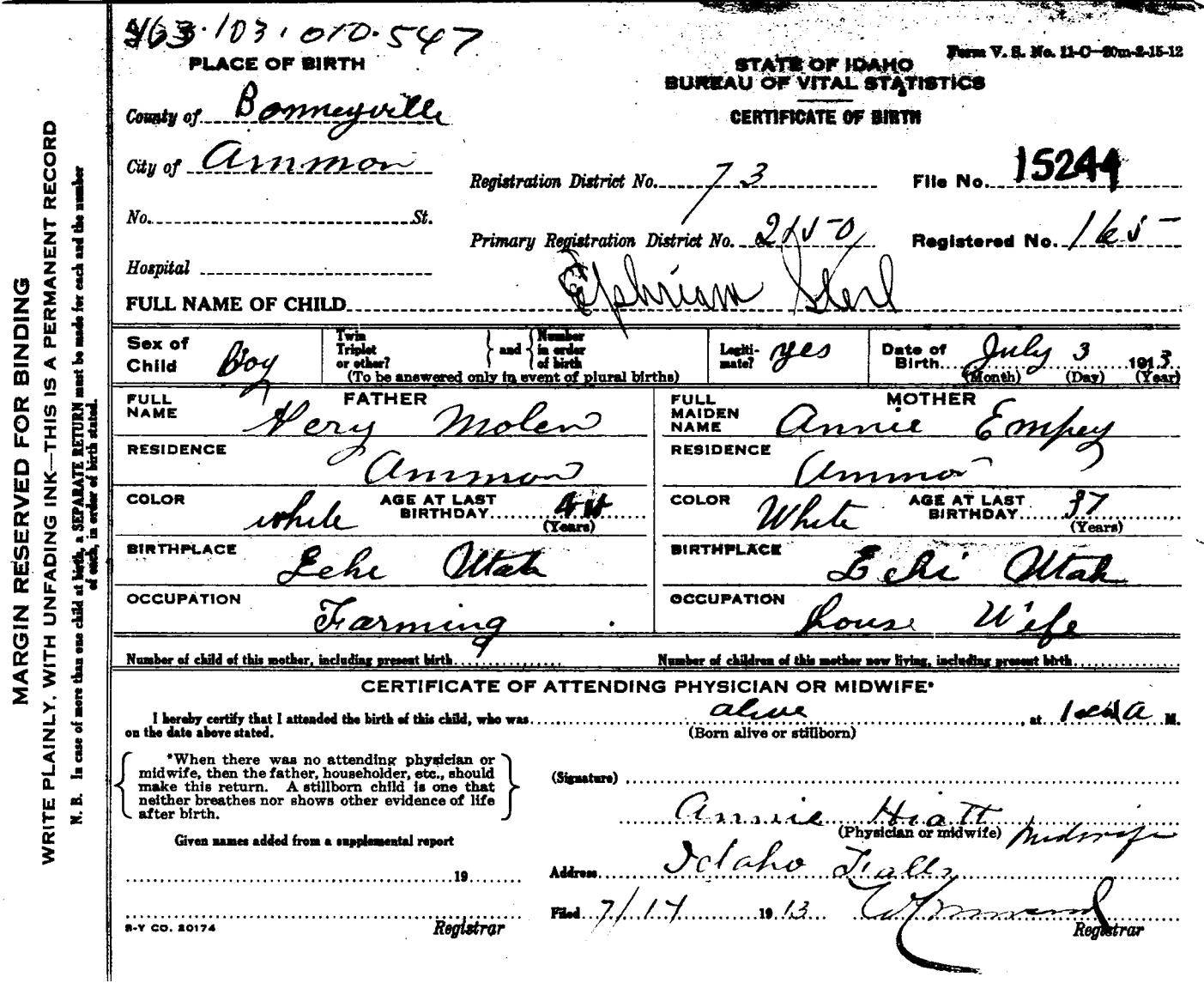

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PLACE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15244

Primary Registration District No. 2170 Registered No. 165

FULL NAME OF CHILD Stephanie Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	July 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Very Molen	Annie Empey
RESIDENCE	Ammon	Ammon
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Lehi Utah	Lehi Utah
OCCUPATION	Farming	House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Annie Hatt (Physician or midwife) Midwife

Address Idaho Falls

Given names added from a supplemental report

..... 19.....

Filed 7/17 1913 .....

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--31

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

355-dl-010-443

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 13 File No. 15245

Primary Registration District No. 2113 Registered No. 164

FULL NAME OF CHILD Leda Lees

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female,	____	____	Yes.	July, 11, 1913.

FATHER		MOTHER	
FULL NAME	Harry Lees,	FULL MAIDEN NAME	Ethel Duccon,
RESIDENCE	Idaho Falls, Ida.,	RESIDENCE	Idaho Falls, Ida.,
COLOR	Wht.,	COLOR	Wht.,
AGE AT LAST BIRTHDAY	28, (Years)	AGE AT LAST BIRTHDAY	24, (Years)
BIRTHPLACE	Utah,	BIRTHPLACE	Utah,
OCCUPATION	Gardner,	OCCUPATION	Wife,

Number of child of this mother, including present birth ..... three,

Number of children, of this mother, now living, including present birth 3,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, July, 11, 1913, at 2 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Bridges, M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/1 19....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 11 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 25 9 52 AM '73

State of Idaho
County of Bonneville } ss.

Certificate No. 15245

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lees (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lees	Leda Lees

Subscribed and sworn to before me this 22nd day of June, 1973

Notary Public, residing at Idaho Falls, Idaho

My commission expires January 15, 1974

(Seal)

Signed Arlene Dyer (sister)
(Signature of parent or attendant (if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1876 Saint Clair
(Street Address, City, State) Idaho Falls

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/5/73 1cc pd.

AUG 2 1973

Certificate of Birth from LDS Church gives name as Leda Lees born July 11, 1913. Father's name given as Harry Lees and mother name given as Ethel Dutoon. Entered on record Aug. 10, 1919. Viewed bvy V. S.

Family Bible REcord f gives name as Leda Lees born July 11, 1913. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296 110 010 386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20

County of Bonneville

City of Dona

Registration District No. 73

File No. 15246

No. ....., ... St.

Primary Registration District No. 2178

Registered No. 167

Hospital .....

FULL NAME OF CHILD John Rudolph Brookbush

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 10, 1913

FATHER		MOTHER	
FULL NAME	William Brookbush	FULL MAIDEN NAME	Lydia Thornton
RESIDENCE	Dona	RESIDENCE	Dona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 11 1913

.....
Registrar

S-Y CO., 18670

OCT 5 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23-101-010819

PLACE OF BIRTH

[redacted] STATE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73 File No. 15247

Primary Registration District No. 2110 Registered No. 164

FULL NAME OF CHILD George Alma Staggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1		July 1 1913

FATHER		MOTHER	
FULL NAME	Thomas J. Staggs	FULL MAIDEN NAME	Minnie L. Harris
RESIDENCE	Ucon Idaho	RESIDENCE	Ucon Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

Midwife (Physician or midwife)

Address Ucon, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 16 1913 W. [illegible]

..... Registrar

S-Y CO. 20174 Registrar

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

295·120·010 464

PLACE OF BIRTH

Form V. S. No. 1-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 15248

No. ____ St.

Primary Registration District No. 2130 Registered No. 169

Hospital Sanitarium

FULL NAME OF CHILD Harmon Edwin King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 20 1913

FATHER		MOTHER	
FULL NAME	Milton A King	FULL MAIDEN NAME	Edith Ford
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Col.
OCCUPATION	Clerk - Dry goods	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) on the date above stated, at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cunningham

P Lyman (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed July 21 1913 Wm Cunningham

Registrar Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1942

JAN 28 1964

[redacted] 1981

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Idaho Falls — Registration District No. 73 — File No. 15249

No. ____ St. — Primary Registration District No. 21-5 — Registered No. 170

Hospital ____

FULL NAME OF CHILD Julia Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Hugh Mitchell	FULL MAIDEN NAME	Mary Ryan
RESIDENCE	Ida Falls	RESIDENCE	Ida Falls Ida
COLOR	W Cau	COLOR	W Cau
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ia.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Fuller M. D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed July 21 1913 ____ Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

613.51 - 962

PLACE OF BIRTH

STATE OF Idaho

Form V. S. No. 10-[illegible]

County of Bonneville

Bureau of Vital Statistics

City of Idaho Falls

CERTIFICATE OF BIRTH

No ____, ____ St.

Registration District No. 73

File No. 15250

Hospital ____

Primary Registration District No. 21

Registered No. ____

FULL NAME OF CHILD ~~Zelema~~ KATHRYN ~~Smith~~ Walker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 11, 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Walker	Zelena Roberts
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	51	43
BIRTHPLACE	Mississippi	Utah
OCCUPATION	Salesman	Home wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 1 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed July 21 19 13 C. Hansen

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAR 23 1942

[redacted]

[redacted]

State of Utah)
County of Salt Lake) ss

On this 15th day of February 1943, personally appeared before me Orpha Zulema Roberts Walker, who duly acknowledged to me that she is the mother of [redacted] KATHRYN WALKER DART, who was born 11th of July 1913, at Idaho Falls, Idaho; that the father's name is James Merriwether Walker, and he is now deceased.

Orpha Zulema Roberts Walker

Subscribed and sworn to before me this 15th day of February 1943.

Charles R. Jones
Notary Public

MAR 10 1943

APR 24 1975

713.115 i610-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Be sure and prepare three certificates of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15251

Primary Registration District No. 215-0 Registered No. 172

FULL NAME OF CHILD Raymond Nathan Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male				Yes	July 15

FATHER		MOTHER	
FULL NAME	Nathan Packer	FULL MAIDEN NAME	Cliff Crofts
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellon, MD

(Physician or Midwife)

Address Idaho Falls Idaho

Filed July 22 1913 C. E. Mecum

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 10-1

MAR

WRITE PLAINLY. W

M.D. In case of more th

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PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15252

Primary Registration District No. 2150 Registered No. 173

FULL NAME OF CHILD LEONARD BERDELL BOWNE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	July (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Roy Bowne	FULL MAIDEN NAME	Grossell Ethel Severs
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed July 23 1913

..... Registrar

B-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 15252
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Leonard Berdell Bowne (Name on original certificate) who Born (Was born or died) on July 10 - 1913. (Date of event)
in Idaho Falls (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Bowen	Bowne
Name	Lenard B.	Leonard Berdell Bowne

Subscribed and sworn to before me this 24th
day of December, 1941
Arthur C. Muskin
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1945
[SEAL]

Signed Roy Bowne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ucon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC By
(Registrar's signature)

JUN 9 1953

County of Bonneville — CERTIFICATE OF BIRTH

City of Idaho Falls — Registration District No. 73 — File No. 15253

No. ____ St. — Primary Registration District No. 2170 — Registered No. 174

Hospital ____

FULL NAME OF CHILD Donald Wilburn Simpkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 13, 1913

FATHER		MOTHER	
FULL NAME	Neal Simpkins	FULL MAIDEN NAME	Nellah Ellis
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Challis, Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister (Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....19.... Registrar

Filed Jul 24 19 13 Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

S 95 / 28 / 010-814

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73

File No. 15254

No. ____ St.

Primary Registration District No. 2170

Registered No. 171

Hospital ____

FULL NAME OF CHILD Wendell Lorenzo Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 28, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. P. Nielsen	Theresa Hammond
RESIDENCE	Ammon, Ida.	Ammon, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Martin, Utah	Providence, Utah
OCCUPATION	School Teacher	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hullcate

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 24 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

File No. 10412

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-15-12

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 72 File No. 15255

No. ..... St.

Primary Registration District No. 2157 Registered No. 174

Hospital .....

FULL NAME OF CHILD Virgil Edwin Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 6th 1913

FATHER		MOTHER	
FULL NAME	Ralph Bowman	FULL MAIDEN NAME	Ethel Maston
RESIDENCE	Ammon, Ida.	RESIDENCE	Ammon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Guide Rock, Neb.	BIRTHPLACE	Green Castle, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister M. D. (Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed July 24 1913 C. M. Lawrence Registrar

..... Registrar

8-Y CO. 20174

APR 9 1950

MAR 4 1960

PLACE OF BIRTH AMENDED MAY 6, 1954

25b 2201 010-993

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St. Registration District No. 73 File No. 15256

Hospital ..... Primary Registration District No. 2150 Registered No. 177

FULL NAME OF CHILD Myrtle Theresa Snodgrass
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 20, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: James B. Snodgrass	FULL MAIDEN NAME: Rose Richardson
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Cline

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed July 25, 1913 W. Kumond
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 6 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Beaverhead }

Certificate No. 15256

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Martha Snodgrass (Name on Original Certificate) who was born (Was Born or Died) on July 20, 1913 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Martha	Myrtle Theresa

Subscribed and sworn to before me this 3 day of May, 1954

DORA E. SCHMITTROTH, County Clerk
~~Notary Public residing~~ Beaverhead County, Montana
My commission expires
(Seal)
By Dora E. Schmittroth ~~Deputy~~

Signed Rose M. Rhine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415 Thomson Ave Dillon Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Beaverhead }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of May, 1954

DORA E. SCHMITTROTH, County Clerk
~~Notary Public residing~~ Beaverhead County, Montana
My commission expires
(Seal)
By Dora E. Schmittroth ~~Deputy~~

Signed Isabelle Wellington
(Signature of Any Credible Person)

430 Chestnut St. Dillon Mont.
(Street Address, City, State)

DPH 52.155

LAURENCE A. WALKER
SUPERINTENDENT AND
DIRECTOR OF TEACHER TRAINING
WESTERN MONTANA COLLEGE
OF EDUCATION

JAMES WOMACK
PRINCIPAL JUNIOR HIGH SCHOOL

DILLON CITY SCHOOLS

District No. 10, Beaverhead County

DILLON, MONTANA

March 23, 1954

To Whom It May Concern:

The Dillon Public School Records show that Myrtle Teresa Snodgrass attended school here in Grade 2 from September 13, 1921 through January 27, 1922. At that time she was listed as eight (8) years old.

Sincerely yours,

Laurence A. Walker

Laurence A. Walker

mm/LAW

DEAR SIRS,
I HAVE CHECKED ALL OVER AND CAN NOT FIND ANY RECORDS OF A BAPTISMAL OR BIBLE RECORD SHOWING MY CORRECT NAME, SO ALL I HAVE IS THIS LETTER FROM THE SCHOOL HERE IN DILLON THAT I WENT TO SO HOPE IT WILL SERVE THE PURPOSE.

THANKS VERY MUCH
MRS MYRTLE REBISH.

269-121-01047

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 16-6-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15258

Primary Registration District No. 2170 Registered No. 179

FULL NAME OF CHILD Nellie Mae Borden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes.	July 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D. Borden	Almeda Waters
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Michigan	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John O. Miller, MD

(Physician or Midwife)

Address Idaho Falls, Ida

....., 19.....

Filed July 24 19 13 [redacted] Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Somerville — Bureau of Vital Statistics

City of Lincoln — CERTIFICATE OF BIRTH

No ....., ... St. — Registration District No. 73 — File No. 15259

Hospital ..... — Primary Registration District No. 2150 — Registered No. 1[illegible]

FULL NAME OF CHILD Helen Caine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 9, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred A Caine	Hazel E. Howe
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Book Keeper	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) John J. Mellor MD

(Physician or Midwife)

Address Idaho Falls, Ida

Filed July 26, 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 14 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26317.010.238

PLACE OF BIRTH

Form [illegible] No. 1 C—40m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15260

Primary Registration District No. 2450 Registered No. 141

FULL NAME OF CHILD Francis Joseph Koch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 27 1913

FATHER	MOTHER
FULL NAME Frank Koch	FULL MAIDEN NAME Maria Kobilka
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hummel

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed July 20 1913

..... Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 30 1959

NOV 8 1946

815-12-1010-351

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bannock ville

City of _____

Registration District No. 73 File No. 15261

No. _____ St.

Primary Registration District No. 2170 Registered No. 142

Hospital _____

FULL NAME OF CHILD Alvah Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	July 27 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvah Hancock	Mellie Leavell
RESIDENCE	Idaho willow creek	Idaho Willow Creek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)		20
BIRTHPLACE	Payson Utah.	Bunkerville Nevada
OCCUPATION	Rancher	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at five P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hall

mid wife (Physician or midwife)

Given names added from a supplemental report

_____ 19____ Address Idaho Falls Ida

_____ Registrar Filed July 30 1915 Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

25-4.12-010-539

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Milo

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15262

Primary Registration District No. 2170 Registered No. 143

FULL NAME OF CHILD James Edward Kemper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 22, 1913

FATHER		MOTHER	
FULL NAME	Clarence Kemper	FULL MAIDEN NAME	Anna Eliot
RESIDENCE	Milo Ida	RESIDENCE	Milo Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 12:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31 1913 [signature]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

349.121.010295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15263

Primary Registration District No. 0210 Registered No. 144

FULL NAME OF CHILD Richard Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21, 1913

FATHER		MOTHER	
FULL NAME	Lester Curtis	FULL MAIDEN NAME	Frances Kiger
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller, MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed July 31 1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17926

PLACE OF BIRTH

ME OF CHILD

STATE OF IDAHO

Bureau of Vital Statistics

E OF BIRTH

File

Regi

261-131-010312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R 7th St.

Registration District No. 73 File No. 15264

Primary Registration District No. 2150 Registered No. 141

Hospital

FULL NAME OF CHILD Edward John Swarbrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Child / Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 31 1913

FATHER		MOTHER	
FULL NAME	Edward Swarbrick	FULL MAIDEN NAME	Blanch Castles
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Clive
Physician
(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 1, 1913

.....
Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 C—Dom-S-Z

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 1 8 1975

558-22-10434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15265

Primary Registration District No. 215-0 Registered No. 146

FULL NAME OF CHILD Edna Elizabeth Neyman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 27 1913

FATHER		MOTHER	
FULL NAME	Delbert Neyman	FULL MAIDEN NAME	Margaret M Bennett
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Real Estate	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Lucas M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 1 1913

..... Registrar

5-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

942-13 B 010-967

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15266

Primary Registration District No. 2410 Registered No. 47

FULL NAME OF CHILD Russell Marilyn Joseph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28 1913

FATHER	MOTHER
FULL NAME: A C Russell	FULL MAIDEN NAME: Josephine Logan
RESIDENCE: Idaho Falls, Ida	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Colorado
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Aug 1 1913

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 20 1962

APR 13 1976

County of ..... CERTIFICATE OF BIRTH

City of Idaho Falls Registration District No. 73 File No. 15267

No. ..... St. Primary Registration District No. 2137 Registered No. 164

Hospital .....

FULL NAME OF CHILD Dean King Decker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28, 1913

	FATHER	MOTHER
FULL NAME	Ira O. Decker	Full Maiden Name Honora King
RESIDENCE	Idaho Falls, Ida	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Utah	Utah.
OCCUPATION	Salesman	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John C. Miller MD

(Physician or midwife)

Address Idaho Falls, Ida

Filed Aug 4 1913 C. Kinnaird Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-D—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

695/105 0402 6

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

Registration District No. 73 File No. 15268

No. ..... St.

Primary Registration District No. 2110 Registered No. 149

Hospital .....

FULL NAME OF CHILD Vernon Lyle Rising

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and ... Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 5 1913

FATHER	MOTHER
FULL NAME John Thomas Jack Rising	FULL MAIDEN NAME Mary Josephine Rising
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Mich.
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Fuller, M. D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Aug 6 19 13

..... Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 380 Hill St
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 380 Hill St
(e) How long has **MOTHER** lived in Idaho? 2 yrs. mos.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Vernon Lyle Wing

5. Date of Birth of Child (Month, day, year) Aug 5, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Wing
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Sage (City or town) Iowa (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lee Rhoney
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Detroit (City or town) Michigan (State or foreign country)
20. Exact Occupation Vaudeville
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 28 years, and that Dr S L Tucker (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lee Rogers Signature
340 Cliff St Idaho Falls Address

Subscribed and sworn to before me this 9 day of June 1942

(SEAL)

Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by ..... JUN 12 1942 ....., Registrar.

copy requires an advance payment ... city, county, county unit or town.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-105-010289

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ch. Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15269

Primary Registration District No. 2170 Registered No. 190

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 5 1913

FATHER		MOTHER	
FULL NAME	Fred M. Jones	FULL MAIDEN NAME	Lydia Shurtliff
RESIDENCE	Ch. Falls Ida	RESIDENCE	Ch. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ? M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 16 19 13 W. Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

J64-203-010-464

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls, Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15270

Primary Registration District No. 210 Registered No. 191

FULL NAME OF CHILD Gwendolin Louise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 3 1913

FATHER	MOTHER
FULL NAME: Otis W. South	FULL MAIDEN NAME: Nettie Downs
RESIDENCE: Ida. Falls, Ida.	RESIDENCE: Ida. Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Vandalia Mo.	BIRTHPLACE: Underwood Iowa.
OCCUPATION: Clerk	OCCUPATION: Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug. 3 1913 at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Address Ida. Falls Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Aug 6 19 13 C. L. Hammond

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

599.107.010-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida.Falls,Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15271

Primary Registration District No. 2170 Registered No. 192

FULL NAME OF CHILD Paul LaVern Erickson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 3 1913

FATHER	MOTHER
FULL NAME: Theop.Erickson	FULL MAIDEN NAME: Anna Amelia Stromquist
RESIDENCE: Ida.Falls,Ida.	RESIDENCE: Ida.Falls,Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Chicago Ill.	BIRTHPLACE: Holdridge Neb.
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug. 3 1913 (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Sederquist M.D.

(Physician or midwife)

Address Ida. Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug 6 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. B.

22-104-01-8-599

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls, Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15272

Primary Registration District No. 2176 Registered No. 193

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 4 1913

FATHER

FULL NAME: Ole Skaar

RESIDENCE: Ida. Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Norway

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hulda Erickson

RESIDENCE: Ida. Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Sweeden

OCCUPATION: Housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug. 4 1913 (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodenquat M.D.

(Physician or midwife)

Address Ida. Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Aug. 6 1913

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

462-211-010-23 K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15273

Primary Registration District No. 2170 Registered No. 194

FULL NAME OF CHILD Lucy Agatha Moser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month)	(Day)	(Year)
Female		7	Yes	July	11	1913

FATHER		MOTHER	
FULL NAME	Francis Moser	FULL MAIDEN NAME	Eliza Stuckey
RESIDENCE	Garfield Idaho	RESIDENCE	Garfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or dead) on the date above stated, at 12:10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

..... (Physician or midwife)

Address Rigby, R.D.#1, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 1913

Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 18 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

BUREAU OF VITAL STATISTICS

Certificate No. 15273

Date Filed .....

The undersigned does solemnly swear that certain items on the certificate of birth
(Birth or Death)
for Unnamed Moser (Female) who was born on July 11, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Garfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by blessing & bapt. certificates prepared on aug 29, 1913 and aug 7 1921, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lucy Agatha Moser

Subscribed and sworn to before me this 25 day of July, 1973

Notary Public, residing at S.L.C., Ut.

My commission expires 6-25-76

(Seal)

Signed Eliza Steele Moser
Lucy Agatha Moser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of July, 1973

Notary Public, residing at S.L.C. Ut

My commission expires 6-25-76

(Seal)

Signed Gilbert K. Black
(Signature of Any Credible Person)

PFD I Box 65 Logan, Utah
(Street Address, City, State)

FORM DH 60-155 CL 6/18/73

Certificate of Blessing from LDS Church gives name as Lucy Agatha Moser born on ~~it~~ July 10, 1913. to Francis Moser and Eliza Stuker. Was Blessed on Aug. 3, 1913. Viewed by V. S.

AUG 9 19

Certificate of Baptism and Confirmation from LDS Church gives name as Lucy Agatha Moser daughter of Francis Moser and Eliza Stucki. Born July 10, 1913. Was Baptize on July 10, 1921. Viewed by V. S.

235-104-036

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15274

County of Oneida

City of Malad

Registration District No. 26 File No. 711

No. St.

Primary Registration District No. 2069 Registered No. 711

Hospital

FULL NAME OF CHILD Arvil Lars Stephens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	7 4 1912

FATHER		MOTHER	
FULL NAME	Alex Stephens	FULL MAIDEN NAME	Emma Senor Mortensen
RESIDENCE	Malad RTD	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-10 1913

D. C. Ray
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRT

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

386.105-C86-893

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-42

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 15275

Primary Registration District No. 2069 Registered No. 717

FULL NAME OF CHILD Dewey Ephraim Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	7 2 1913

FATHER		MOTHER	
FULL NAME	Ephriam Thornton	FULL MAIDEN NAME	Agnes [redacted] Nichols
RESIDENCE	Malad	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19....

Filed 7-10 19 13 D C Ray

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

493206-036-493

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 15276

Primary Registration District No. 2069 Registered No. 213

FULL NAME OF CHILD Fortunce Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	1	no	7 6 1913

FATHER		MOTHER	
FULL NAME	not known	FULL MAIDEN NAME	Gladys Mills
RESIDENCE		RESIDENCE	Malad City Idaho
COLOR		COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	house girl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.9 A.M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 7-10 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

TWIN

DUP OF 1913-404703

453-206-076-493

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 15277

Primary Registration District No. 2069 Registered No. 214

FULL NAME OF CHILD Hortella Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	twin	2	yes	7 6 1913

FATHER	MOTHER
FULL NAME not known	FULL MAIDEN NAME Gladys Mills
RESIDENCE	RESIDENCE Malad City Idaho
COLOR	COLOR white
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	BIRTHPLACE Utah
OCCUPATION	OCCUPATION house girl

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 1/2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-10 1913 D C Ray
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

- TWIN

DUP OF 1913 - 404704

713.2 S36+19

Form V. S. No. 16-C—20m-3-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 15278

Primary Registration District No. 2069 Registered No. 215

FULL NAME OF CHILD EDNA PALMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	7 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S Palmer	Maude Jardine
RESIDENCE	Malad City	same
COLOR	white	white
AGE AT LAST BIRTHDAY	21 (Years)	21 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-15 19 13 D C Ray Registrar

Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 15278

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edna Palmer (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 12, 1915 (DATE OF EVENT)
in Malad, Oneida Co. Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2/1/43 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edna Palmer
Edna Palmer	July 12, 1915	July 12, 1913.

Subscribed and sworn to before me this 1st. day of February, 19 43.

Naomi B. Wuttke

Notary Public, residing at Sacramento Calif.

My commission expires MY COMMISSION EXPIRES JULY 30, 1944 (SEAL)

NOTARY PUBLIC IN & FOR THE COUNTY OF SACRAMENTO STATE OF CALIFORNIA

Signed John G. Palmer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2790 Land Park Drive Sacramento California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 4 1974

FEB 5 1943

55-2-23-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. Ida. 11-C—Rev. 2-15-12

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 15279

Primary Registration District No. 2069 Registered No. 216

FULL NAME OF CHILD Wilba Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 23 1913

FATHER		MOTHER	
FULL NAME	Wm M Evans deceased	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Malad City Idaho	RESIDENCE	same
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	farmer

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-31 1913 D C Ray

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STAT

CERTIFICATE OF BIRT

PLACE OF BIRTH

955 125 036693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26 File No. 15280

Primary Registration District No. 2069 Registered No. 217

FULL NAME OF CHILD David Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		three	yes	July 25 1913

FATHER		MOTHER	
FULL NAME	Gomer V. Reese	FULL MAIDEN NAME	Eliza May Williams
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cherry creek Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G. Reese
Midwife
(Physician or midwife)

Address Samaria Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-15 1913 D. C. Ray
Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form V. S. No. 11-C—20m-2-194

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

63289-036386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria — Registration District No. 26 — File No. 15281

No. ____ St. — Primary Registration District No. 2069 — Registered No. 218

Hospital ____

FULL NAME OF CHILD Pearl Facer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female		2	yes	July 2 (Month)

FATHER		MOTHER	
FULL NAME	Joseph Facer	FULL MAIDEN NAME	Myrtle Thom[illegible]
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Id[illegible]
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hillard Utah	BIRTHPLACE	Pleasantview Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11:27 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Address Samaria, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-5 1913 D. C. Ray Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

APR 26 1967

PLACE OF BIRTH

(County) of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-62

165-231-036 466

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 15282

Primary Registration District No. 2069 Registered No. 219

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 31 1913

FATHER		MOTHER	
FULL NAME	John X Jones	FULL MAIDEN NAME	Charlotte E Moon
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8:40 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alston
Physician
(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report

..... 19.....

Filed 8-6 1913 D C Ray
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of [illegible])

Form V.S. No. 11-C—20m-8-15-13

TATE OF IDAHO
OF VITAL STATISTICS

RTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Holbrook — Registration District No. 26 — File No. 15283

No. ____ St. — Primary Registration District No. 2081 — Registered No. 220

Hospital ____

FULL NAME OF CHILD: Nellie Delores Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			Yes	Aug 1 [redacted]

FATHER		MOTHER	
FULL NAME	Larmon D Wright	FULL MAIDEN NAME	Hulga Hamm
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth: 5 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Items added from a supplemental report

(Signature) J. F. Alton

(Physician or midwife)

Address Holbrook

Filed 8-6 1913 D. C. Ray Registrar

..... 19..... Registrar

[illegible] CO. 20174

Form V. S. No. 11-0-Rev. 3-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 2404 10 File No. 15284

No. ____ St.

Primary Registration District No. 2043 Registered No. 387

Hospital ____

FULL NAME OF CHILD Lena Margaret Gross

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 17 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Gross	FULL MAIDEN NAME	Hazel Skinner
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	So Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeek Jones

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

....., 19.....

Filed July 31 1913 J. M. Verbeek Jones Registrar

Registrar

B.V. CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BIRTH

CERTIFICATE OF BIRTH

DEPARTMENT OF VITAL STATISTICS

SEP 17 1968

MAIL - STATION 4TH FLOOR BUILDING

THIS IS A PERMANENT RECORD

359.125.039.385

PLACE OF BIRTH

County of Power

City of Am Falls

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11.0 [illegible]

Registration District No. .....

File No. 1528 5

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Venera De Klyn Leetch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Boy				Yes.	4 (Month) — 25 (Day) — 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Elmer Leetch	Blenie Marie Cheney
RESIDENCE	~~Sherman~~ Am Falls Idaho	Am Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	19 (Years)
BIRTHPLACE	Sherman Michigan	Pinedale Arizona
OCCUPATION	Laborer	Dressmaker.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hetta C. Grayot

Midwife (Physician or midwife)

Address Sheley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1 1913 Richard F. Mock Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

Reg. Public Docket No.

File No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Shoshone Registration District No. File No. 15286

No. St. Primary Registration District No. 2014 Registered No. 36

Hospital Home

FULL NAME OF CHILD Baby Newman

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	other (To be answered only in event of plural births)	3	yes	Apr. 11 1913

FATHER		MOTHER	
FULL NAME	J. W. Newman	FULL MAIDEN NAME	Raechel Ferguson
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Wool Grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address Shoshone, Ida.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Apr. 12 1913 C. F. Zeller Registrar

S-Y CO. 20175

[redacted]

PLACE OF BIRTH

168-[redacted]-034912

Amended 1-21-77

PLACE OF BIRTH

[redacted] IDAHO

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ....., ... St.

Registration District No. 29 File No. 15287

Primary Registration District No. 2015 Registered No. 28

Hospital .....

FULL NAME OF CHILD Woodrow Gleon Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth April 6, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl V Johnson	FULL MAIDEN NAME	Mary Rasmussen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

Physician (Physician or Midwife)

Address Rupert Idaho

Filed May 11 1913 [redacted]

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17825

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO

Form V.S. No. 11-C—10m 8-7-11

OF BIRTH

FATHER

AGE AT LAST
BIRTHDAY

AGE AT LAST
BIRTHDAY

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss. JAN 26 10 34 AM '77

Certificate No. 15287

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cleon Johnson (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1913 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Cleon Johnson	Woodrow Cleon Johnson
date of birth	May 11, 1913	April 6, 1913

Subscribed and sworn to before me this 14 TH day of January, 19 77

Notary Public, residing at Mountain Home Ida
My commission expires 12-1-80
(Seal)

Signed Pansy Lee Mayes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1880 E 5 TH N Mountain Home, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Elmore } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 TH day of January, 19 77

Notary Public, residing at Mountain Home Ida
My commission expires 12-1-80
(Seal)

Signed John E. Berry
(Signature of Any Credible Person)

866 N 8 TH E Mountain Home, Ida
(Street Address, City, State)

FORM DH 60-155 CL 1/4/77 nm

Family Baby book gives name as Woodrow C. Johnson born April 6, 1913 Rupert, Idaho. Family Book obviously old.
Viewed by V.S.
Marriage License and certificate issued August 12, 1936 gives name as Woodrow Cleon Johnson of Rupert, Idaho married LaPriel Williams on August 12, 1936.
Viewed by V.S.

Record of Service in Civilian Conservation Corps gives name as Woodrow C. Johnson, # CC9 146078. Honorable Discharge issued Sept. 1934 at Headquarters, Idaho. Birthdate is listed as April 6, 1913.
Viewed by V.S.

672-213-234-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 15288

Primary Registration District No. 2102 Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	April 13 1913

FATHER		MOTHER	
FULL NAME	Otto Olson	FULL MAIDEN NAME	Ella Sundstrohm
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Nebr.	BIRTHPLACE	Mass.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killam M. D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10 1913 V. R. Killam

Registrar

S-Y CO., 16670

PLACE OF BIRTH

813129-03K 695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ....., ... St.

Hospital .....

Registration District No. 29 File No. 15289

Primary Registration District No. 2102 Registered No. 33

FULL NAME OF CHILD Henry Elias Hackman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	April 29, 1913

FATHER		MOTHER	
FULL NAME	Henry Hackman	FULL MAIDEN NAME	Anna Winkler
RESIDENCE	Heyburn.	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen M. D.

(Physician or Midwife)

Address Heyburn

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 11 1913. V. P. Killen

Registrar

S-Y CO., 16870

MARGIN [illegible] FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 14, 1941. E.W.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of ..... Registration District No. 29 File No. 15290

No. ..... St. Primary Registration District No. 2015 Registered No. 29

Hospital .....

FULL NAME OF CHILD Gerald Woodrow Masterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 4 1913

FATHER		MOTHER	
FULL NAME	Edward Masterson	FULL MAIDEN NAME	Eva Marshall
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Dry Goods Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Scott

Rupert Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 11 1913 V. P. Killen

.....
Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/14/41. w.h.

REV. E. LESLIE ROLLS
TRINITY RECTORY
RUPERT - IDAHO

June 14th, 1941.

To Whom it may concern :

I hereby certify the following to be a true copy of the Baptismal Entry in the Praish Register of Trinity Episcopal Church, Rupert, Idaho.

Full Name - Gerald Woodrow Masterson

Parents - Edward Masterson Eva Masterson

Sponsors - Clarence H. Mastin
Dr. Scott
Kath Akins

Birth Date - March 4th 1913

Place of Birth Rupert, Idaho

Date of Baptism April 4th 1914

Place of Baptism Rupert, Idaho

Officiating Minister (Signed) Howard Stoy Archdeacon

E. Leslie Rolls

E. Leslie Rolls,

Vicar, Trinity Church, Rupert, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OF VITAL STATISTICS

ERTIFICATE OF BIRTH

County of Minidoka

City of _____ Registration District No. 29 File No. 15291

No. _____ St. Primary Registration District No. 2015 Registered No. 31

Hospital _____

FULL NAME OF CHILD William Jansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 17 1913

FATHER		MOTHER	
FULL NAME	William Reynolds	FULL MAIDEN NAME	Etta Jansen
RESIDENCE	acequia	RESIDENCE	acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) C. H. Scott M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed May 11 1913 W. P. Tillson Registrar

S-Y CO. 20174

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-32-02-0

PLACE OF [illegible] — THE STATE OF IDAHO — 15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of _____ Registration District No. 29 File No. 15292

No. _____ St. Primary Registration District No. 2015 Registered No. 32

Hospital NAOMI RUTH

FULL NAME OF CHILD Myrtle Scroggs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Mar. 22nd (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Howard Scroggs	FULL MAIDEN NAME	Mary
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Scott M.D.

Rupert Idaho

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed May 11 1913 V. P. Killeen Registrar

B-Y CO. 2017

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of SAN DIEGO } ss.

Certificate No. 15292

Date Filed July 6, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Myrtle Scroggs (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1913 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's statement. (Bible Record, Insurance Policy, Etc.) prepared on this date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Myrtle	Naomi Ruth Scroggs
Date	Apr. 22	Mar. 22, 1913

Subscribed and sworn to before me this 6th day of July, 19 43

Agnes L. Tarney
Notary Public residing at San Diego, Calif.
My commission expires My Commission Expires Jan. 21, 1946
(Seal)

Signed Mrs. Mary E. Scroggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1745 Monticito Way San Diego Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of SAN DIEGO } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 6th day of July, 1943.

Agnes L. Tarney
Notary Public, residing at San Diego, Calif.
My commission expires
(Seal)

Signed Mrs. Myrtle Irene Earl.
(Signature of Any Credible Person Other Than Previous Year)

1127 So. 35th St. San Diego Calif.
(Street Address, City, State)

JUL 1 2 1963

SEP 19 1957

393-12-4032-381

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C—B

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 5

File No. 15[illegible]

No. ____, ____ St.

Primary Registration District No. 2016

Registered No. I 33

Hospital ____

FULL NAME OF CHILD ____ Lickliter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	1 — 24 — 1913

FATHER		MOTHER	
FULL NAME	Frank Lickliter	FULL MAIDEN NAME	Mary Chandler
RESIDENCE	Richfield, Ida	RESIDENCE	Richfield, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lyndon, Ill	BIRTHPLACE	Iowa
OCCUPATION	Lumber dealer	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Reynolds

Physician

(Physician or Midwife)

Address Richfield, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan. 29 19 13 C. A. Zellers

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE [illegible] made for each and the number of each, in order of birth, [illegible]

JAN 1 3 1976

249-213-032-714

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5

File No. 15298

No. ..... St.

Primary Registration District No. 2014

Registered No. 2

Hospital

FULL NAME OF CHILD Alice Marjorie Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Jan 13 1913

FATHER	MOTHER
FULL NAME Carlyle Smith	FULL MAIDEN NAME Annie Cauderhead
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Kansas
OCCUPATION Druggist	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Crommett M.D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report

..... 19.....

Filed 1/30 1913 O. F. Keller

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

814-13-[illegible]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lincoln

City of Goodwg

No. ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15299

Primary Registration District No. 2014 Registered No. 3

FULL NAME OF CHILD Boby Hadden Lillian Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal	/	/	Ye	Jan 13 1913

FATHER		MOTHER	
FULL NAME	J H Hadden	FULL MAIDEN NAME	Lela Harlmon
RESIDENCE	Goodwg	RESIDENCE	Goodwg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Mo
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Carymd

(Physician or midwife)

Address Goodwg Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 18 1913 A. F. Zeller

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUL 2 1954

458-207-032-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Goodinq

No. ..... St.

Registration District No. 5 File No. 15300

Primary Registration District No. 2014 Registered No. 41 236

Hospital

FULL NAME OF CHILD Rose Meyer

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	twin	2nd	yes	June 7 1913

FATHER		MOTHER	
FULL NAME	Ward Meyer	FULL MAIDEN NAME	Nellie M Conn
RESIDENCE	Goodinq	RESIDENCE	Goodinq
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Hardware Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Goodinq Ida

Filed Jan. 15 1913 C. F. Adell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS SIDE UP

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth

314/13107

PLACE OF BIRTH

County of Weber

City of Ogden

....., ... St.

Hospital .....

No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15301

Primary Registration District No. 2016 Registered No. 6237

FULL NAME OF CHILD Woodrow Wilson Campbell

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	January 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvero Campbell	Elizabeth Pugmire
RESIDENCE	Eden	Eden
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	42 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jno. D. Lenz M.D.
(Physician or Midwife)

Address Hazelton Idaho

Filed 1/20 1913 C. F. Zeller
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

STATE OF IDAHO
Bureau of Vital Statistics

458-07-02236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible] Rev. 8-15-12

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5 File No. 15302

No. St.

Primary Registration District No. 2014 Registered No. 5

Hospital Home

FULL NAME OF CHILD Ruth Meyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	twin	First	yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	Ward Meyer	FULL MAIDEN NAME	Stella M Corn
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Hardware dealer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 12 1913 C. P. Fellows
Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-111-026-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5th File No. 15313

Primary Registration District No. 2018 Registered No. 25

FULL NAME OF CHILD Duane Woodrow Staples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 11 1913

FATHER	MOTHER
FULL NAME Durward Belmont Staples	FULL MAIDEN NAME Hanna Marie Snell
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Germany
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

Physician (Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

Filed April 8 1913 H. L. Lamb

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) .....

293-103-024-768

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 6th

File No. 15314

Primary Registration District No. 2018

Registered No. 26

FULL NAME OF CHILD CHESTER ARTHUR Silva

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Mar 3 1913

FATHER

FULL NAME Joe M Silva

RESIDENCE Gooding

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Calif

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Elsie G. Young

RESIDENCE Gooding

COLOR White

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Portland Ore

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D

Physician (Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 6 1913 H H Lewis

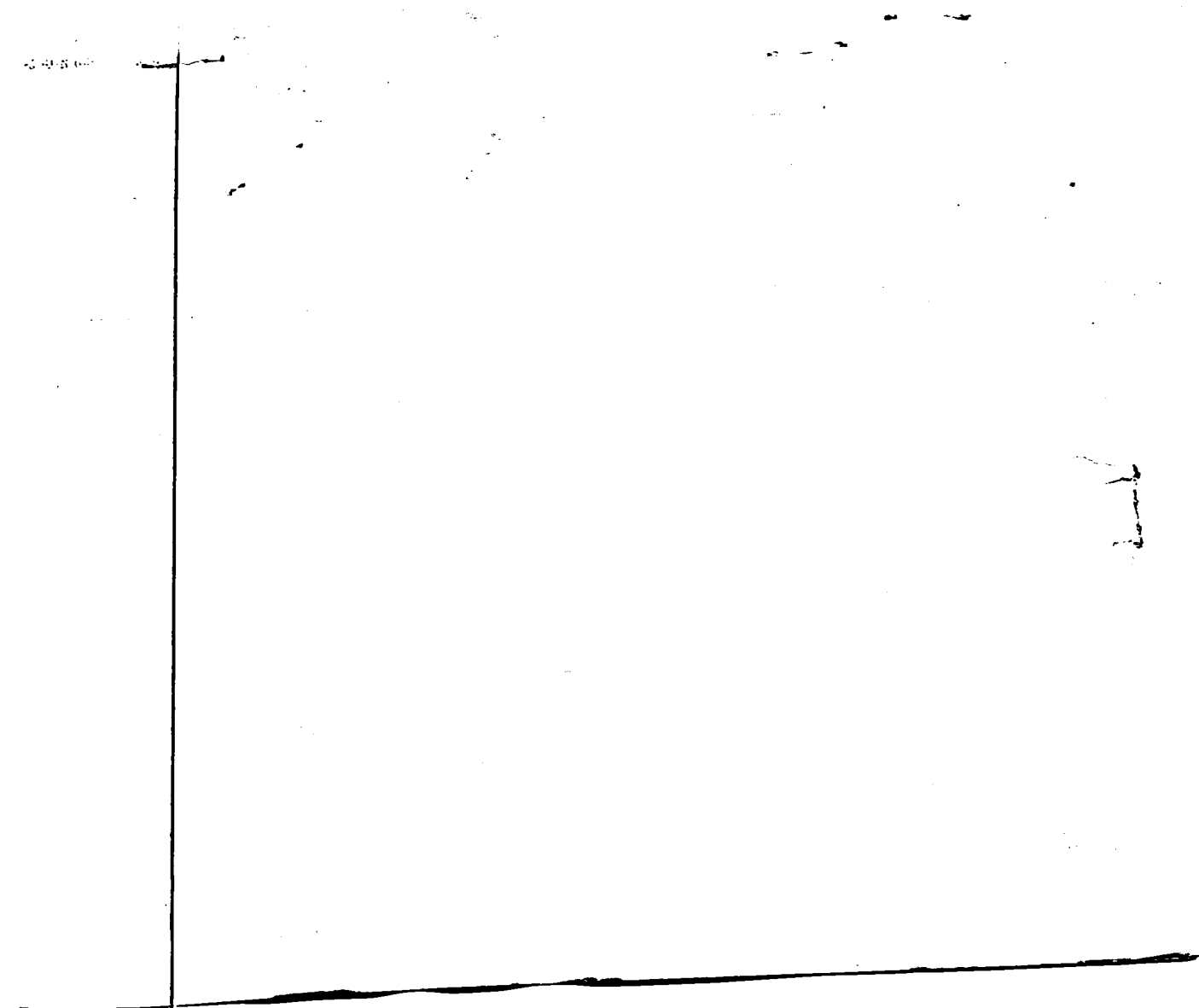
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 15314

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Silva (Name on Original Certificate) who was born (Was Born or Died) on March 3-1913 (Date of Event)
in Gooding Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Silva	Chester Arthur Silva

Subscribed and sworn to before me this 9th
day of March 1942.
Lucius W Lucke
Notary Public, residing at Gooding Ida
My commission expires Dec 2, 1944
(Seal)

Signed J H Cromwell M. D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding } she

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942.
Lucius W Lucke
Notary Public, residing at Gooding Ida
My commission expires Dec 2, 1944
(Seal)

Signed Elsie I. Silva
(Signature of Any Credible Person Other Than Previous Year)
Gooding Idaho
(Street Address, City, State)

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of [redacted]

City of Shoshone — Registration District No. 5 — File No. 15315

No. ____, ____ St. — Primary Registration District No. 2016 — Registered No. 27

Hospital Home

FULL NAME OF CHILD Baby Hanafin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	other	7	yes	2 15 1913

FATHER		MOTHER	
FULL NAME	James M. Hanafin	FULL MAIDEN NAME	Mary O'Connor
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) Chas F. Zellers

(Physician or Midwife)

Address Shoshone

Filed 2/20 1913 C. F. Zellers

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-109-032-866

PLACE OF BIRTH

[redacted] STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11—10m-8-15-12

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Registration District No. 5 File No. 15316

No. St. Primary Registration District No. 246 Registered No. 28

Hospital Home Lauren Hoover

FULL NAME OF CHILD [redacted] Brinton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	other	3rd	yes	2 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Gilbert [redacted] Brinton	Estella Anna Hoover
RESIDENCE	Shoshone	Shoshone
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Brighton Iowa	Michigan
OCCUPATION	Clerical	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Mar 19 13 Chas F Zeller

S-Y CO. 20178 Registrar Registrar

Form V. S. No. 22—Rev. 6-66-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 26 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15317

City of Eden

Registration District No. 5

File No.

No. ____, ____ St.

Primary Registration District No. 2015

Registered No. 29

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	March 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott W Jones	Ella F Jackson
RESIDENCE	Eden	Eden
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	29 (Years)
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Glenn M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Hazelton Idaho

Filed March 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & ENGRS. 17928

[redacted]

Form V. S. No. 11-C—Rev. 6-7-11

STATE OF IDAHO

Bureau of W

[redacted]

APPLICATION TO APPROPRIATE WATER

[redacted]

S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

City of Shoshone — Registration District No. 6 — File No. 1531 8

No. ____, ____ St. — Primary Registration District No. 20/6 — Registered No. 30

Hospital ____

FULL NAME OF CHILD No Name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 11 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy B Fennel	Beulah Hoke
RESIDENCE	Shoshone	Shoshone
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Missouri	Mo
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Baugh MD.

(Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19____ Registrar

Filed March 19 13 C. L. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

532-025 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Wendell

Registration District No. 5th

File No. 15319

No. ..... St.

Primary Registration District No. 2018

Registered No. 31

Hospital .....

FULL NAME OF CHILD Mildred B Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1	yes	1 25 1913

FATHER	MOTHER
FULL NAME Joseph Olson	FULL MAIDEN NAME Gertrud Bell
RESIDENCE Wendell	RESIDENCE Wendell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ind	BIRTHPLACE Kans
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician

(Physician or midwife)

Address Wendell

Given names added from a supplemental report

..... 19.....

Filed Feb 1 1913 H E Lamb

..... Registrar

B-Y CO. 20174 Registrar

K

[redacted]

268-228-024-291

Form V. S. No. 11-C—12m-8-15-12

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 H — File No. 15320

Primary Registration District No. 2018 — Registered No. 32

FULL NAME OF CHILD Marion Boyd

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	1		1	yes	2	28	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marion Boyd	FULL MAIDEN NAME	Nellie Bragonier
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician

(Physician or midwife)

Address Wendell

Filed April 1, 1913 H E Lamb

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NAME CHANGE

BOYD

DUP OF 1913- D76-552

993-225-024964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

October 23, 1946

County of Gooding
City of Gooding
No. ..... St.
Hospital .....

Registration District No. 5
Primary Registration District No. 2018

File No. 15321
Registered No. 33

FULL NAME OF CHILD Charlotte Josephine Rice
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 25, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 ... Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Elvin S. Rice	FULL MAIDEN NAME: Halla B. Romesha
RESIDENCE: Gooding, R.F.D. #2	RESIDENCE: Gooding,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. H. Cromwell, M. D.
Gooding, Idaho
(Physician or midwife)

Address April 6

Filed April 6 1913 H. E. Lamb
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Oct 21 19-6

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15321

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Charlotte Josephine Rice (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1913 (Date of Event)
in Gooding Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on March 25, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 16th day of October, 1946.

Julia F. Bode
Notary Public, residing at city or county of San Francisco

My commission expires .....

(Seal) Notary Public in and for the City and County of San Francisco, State of California.

Signed Ella R. Buchman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

76 Cervantes Ave. San Francisco Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
City and County of San Francisco } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of October, 1946.

Julia F. Bode
Notary Public, residing at City and County of San Francisco

My commission expires .....

(Seal) Notary Public in and for the City and County of San Francisco, State of California.
My Commission Expires March 2[illegible], 1950

Signed Mary Rice Lovejoy
(Signature of Any Credible Person)

400 Dubroce Avenue
(Street Address, City, State)

San Francisco, California

OCT 25 1946

749.2172 W.F. 255

STATE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15322

County of Goodwin

City of Goodwin

Registration District No. 318 File No.

No. St.

Primary Registration District No. 2018 Registered No. 34

Hospital

FULL NAME OF CHILD Body Cindy MARY LOUISE

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Single	4	Yes	3 27 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME H A Cindy	FULL MAIDEN NAME C A Sulloff
RESIDENCE Goodwin	RESIDENCE Goodwin
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 57 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Canada	BIRTHPLACE Idaho
OCCUPATION Section	OCCUPATION Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T T Cary M.D.

Physician
(Physician or midwife)

Address Kimball Idaho

Given names added from a supplemental report

.....19.....

Filed Apr 8 19 P. C. Lamb
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 27 1950

231-201-024595

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15323

County of Gooding

City of Gooding

No. Main St.

Hospital Residence

Registration District No. 5th

Primary Registration District No. 2018

File No.

Registered No. 35

FULL NAME OF CHILD Myrtle Marie Stauffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 1st, 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Drew Stauffer	Emma Mary Nielsen
RESIDENCE	Gooding, Idaho.	Gooding, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34 years.	20 years.
BIRTHPLACE	Waynesboro, Pa.	Pleasant Grove, Utah.
OCCUPATION	Business.	Housekeeper.

Number of child of this mother, including present birth: Two.

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Dr. P. E. Johanson
(Physician or midwife)

Address Gooding, Idaho.

Filed Apl 6 1913 H. C. Lamb
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

[redacted]

City of _____ Registration District No. _____ File No. 15324

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Not named.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	Single	5	yes	June 27 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jay B. Harrison	FULL MAIDEN NAME Clara Winter
RESIDENCE Lotus, La.	RESIDENCE Lotus La.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Miss.	BIRTHPLACE La.
OCCUPATION Barber.	OCCUPATION House keeper.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry M.D.

Physician

(Physician or midwife)

Address Lotus La.

Given names added from a supplemental report

....., 19.....

Filed 7/8 1913 R. J. Lucas

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2 NAME CANT READ

695-121-014-231

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. ____ File No. 15325

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Raymond C. Frey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	6 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. H. Frey	Ella Duckenbury
RESIDENCE	Parma	Parma
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Minn.	Mich
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalin (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Green

M. D.

(Physician or Midwife)

Address Parma, Idaho

Given name added from a supplemental report

..... 19.....

Filed 6/21 1913 R. J. Green

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15325

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Raymond C. Frey

Subscribed and sworn to before me this 1st day of March 19 47
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/14/49
(Seal)

Signed C. S. Woodhouse Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

JUN 1 1 1976

MAR 1 1945

639-212-014-692 (Be sure the information is complete and accurate)

Amended 11-6-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Judith b. (Middle): Hanna Irene c. (Last): Olin

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	6 - 12 - 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Jack b. (Middle): c. (Last): Olin

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Finland	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hanna b. (Middle): c. (Last): Wik

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
36 YEARS	Finland	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. J. Cluen

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Parma, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-12-1913

22. REGISTRAR'S SIGNATURE: R. J. Cluen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address /ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 3 1968
Bureau of Vital Statistics

State of WASH } ss.
County of KING }

Certificate No. 15326

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Oline (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1913 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dept of Commerce Bureau of Census & Bible (Bible Record, Insurance Policy, Etc.) prepared on Nov 6, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Judith Hanna Irene Olin
Full Name of Father	Jack Oline	Jacob Olin
Full Maiden Name of Mother	Hannah Wick	Hanna Wik

Subscribed and sworn to before me this 28 day of Aug, 19 68

Notary Public, residing at Seattle Wash

My commission expires

(Seal)

Signed Irma M. Prince
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

465 Roosevelt, Enumclaw Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASH } ss.
County of KING }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3-28-66. nm

Photo copy of Family Bible Record, appears old and unaltered, gives name in Swedish as Judith Hanna Irene född (born) June 12, 1913 - viewed by VS.

Certificate of Marriage, State of Oregon, ~~County~~ City of Astoria, gives name of bride as Hanna Wik and name of groom as Jack Olin - viewed by VS. married Dec. 17, 1910.

Photo copy of a sister's birth certificate, State of Oregon, County of Clatsop, Reg. #4708, gives name of parent's as Jack Olin and Hanna Wik, child born Oct. 28, 1911 - viewed by VS.

Confirmation Certificate, appears old and unaltered, gives name as Judith H. Irene Olin, born Parma, Idaho, June 12, 1913, confirmed Trinity Sunday, June 3, 1928 in Salem Lutheran Church, Mount Vernon, Washington, Martin L. Swanson, Pastor - viewed by VS. (OK'D by Hazel Hurlbert to accept as good document for adding name on certificate - November 6, 1968)

As requested per letter of October 5, 1968, add father's name as Jack Olin if not enough documents for Jacob - added name as Jack - November 6, 1968.

394-dc2.004937

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 10th

File No. 15327

No. ..... St.

Primary Registration District No. 2002

Registered No. 1

Hospital .....

FULL NAME OF CHILD Jean Lucile Tuth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	Roy Tuth	FULL MAIDEN NAME	Jean M. Pike
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Gould City Wash.	BIRTHPLACE	Richmond Co Down
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 2 1913 C E Bloom M.D.
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 29 1954

493114-0 K-556

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

[redacted] OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C-20m-8-15-22

[redacted] CERTIFICATE OF BIRTH

Registration District No. 2 File No. 15328

Primary Registration District No. 2009 Registered No. .....

FULL NAME OF CHILD Unnamed Dillan

Sex of Child	Twin, Triplet or other? (To be answered only in ev[redacted]	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	[redacted]	Yes	June 14 1913

FATHER	MOTHER
FULL NAME: Harry Dillan	FULL MAIDEN NAME: Florence Newburn
RESIDENCE: New Plymouth R F D	RESIDENCE: New Plymouth
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Neighbor

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale
Registrar

Address New Plymouth Idaho

Filed June 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

2 - DILLON

DUP OF 1913-331912

693 v 08 · 01 K 259

PLACE OF BIRTH

Form V. S. No. 11-Q-20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Near Emerland

No. ..... St.

Registration District No. 5 File No. 15329

Primary Registration District No. 2009 Registered No. .....

Hospital .....

FULL NAME OF CHILD Melvin Edgar Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 8 1913

FATHER		MOTHER	
FULL NAME	John G. Wilson	FULL MAIDEN NAME	Sarah Krich
RESIDENCE	Near Emerland	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address Near Plymouth Ida

Filed July 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form P. S. No. 11-C—20m-8-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

942-22-0163

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nr Plymouth R F D

Registration District No. 5 File No. 15330

No. St.

Primary Registration District No. 2009 Registered No.

Hospital

FULL NAME OF CHILD Clara Brigitta Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 27 1913

FATHER		MOTHER	
FULL NAME	Edward Russell	FULL MAIDEN NAME	Mattie Dicket
RESIDENCE	Nr Plymouth R F D	RESIDENCE	Nr Plymouth R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D.

(Physician or midwife)

Address Nr Plymouth Idaho

Given names added from a supplemental report

19

Wm T Drysdale
Registrar

Filed July 10 13
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 1 0 1943

759.225.01K693

PLACE OF BIRTH

Form V. S. No. 11-C-Rev. 9-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nmr Plymouth

No. ..... St.

Registration District No. 5 File No. 15331

Primary Registration District No. 1009 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Mae Perisho

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 25 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Loren D. Perisho	FULL MAIDEN NAME	Bessie Lee Wilson
RESIDENCE	Nmr Plymouth Ida	RESIDENCE	Nmr Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Del.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address Nmr Plymouth Ida

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale
Registrar

Filed July 1913

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH OCT 14 1965
DEC 1 1976

693/116-014319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of

No ....., ... St.

Hospital .....

Registration District No. 5 File No. 15332

Primary Registration District No. 209 Registered No. .....

FULL NAME OF CHILD Unnamed Male Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Wilson	Della Cartwright
RESIDENCE	Big Willow	Big willow
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 30
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Wm J. Drysdale M.D.
Registrar

(Signature) O. N. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho.

Filed ..... 19..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

2 FILE DATE

238-204-01/4533

PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No. ....., ... St.

Registration District No. 5 File No. 15333

Primary Registration District No. 2009 Registered No. .....

Hospital .....

FULL NAME OF CHILD Unnamed MINNIE CHRISTINA SCHRAMM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 4, 1913

FATHER	MOTHER
FULL NAME George Schramm	FULL MAIDEN NAME Lena Ellwien
RESIDENCE 5 miles North West of New Plymouth	RESIDENCE with Husband
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE South Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician (Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

Wm J. Drysdale M D

Registrar

Filed Aug 3 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF

- 13-14274

1920 cen SDAK

35-1-10-042-842

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15334

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Boyd W. Leavitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	July 10 1913

FATHER	MOTHER
FULL NAME C. M. Leavitt	FULL MAIDEN NAME Alice J. Hubbard
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Albion Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was home alive (Born alive or stillborn) at 2:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Boyd M.D.
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 12 19 13 John W. Beaglehole
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

951-108-042-483

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls. Registration District No. 1085 File No. 15335

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital Twin Falls Hospital

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	yes	July 8 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Roy A Reed	Mabel V Mudgett
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Canada	England
OCCUPATION	News Paper Business	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:34 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Boyd MD

(Physician or midwife)

Address Twin Falls. Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 12 1913 John Eagle Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Revised

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

814224.042-49

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 1085 File No. 15336

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Hammons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. G. Hammons	Jeane Smith
RESIDENCE	Twin Falls, Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Missouri	Illinois
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tate

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-30 1913 John H. Englin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Registered No.

129 [illegible] 194

PLACE OF [illegible]

County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of [illegible]

Registration District No. 1085 File No. 15337

No. [illegible] St.

Primary Registration District No. [illegible] Registered No. [illegible]

Hospital [illegible]

FULL NAME OF CHILD Infant X Abramson X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Chas A. Abramson	FULL MAIDEN NAME	Sylvia Brunen
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Wilson M D

Physician

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 7/8 1913 John McLaughlin

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

65-126-042-65

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO

[redacted] VITAL STATISTICS

[redacted] OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 1085 File No. 15338

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD JAMES ARTHUR WEAVER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	July 26 1913

FATHER		MOTHER	
FULL NAME	W H. Weaver.	FULL MAIDEN NAME	Clara Weaver
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Virginia.	COLOR	White
OCCUPATION	Hotel keeper.	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Colorado,
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive July 26 (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 8-8 1913 John L. Hughes

..... Registrar

8-Y CO. 20— Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 15338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for James Arthur Weaver who was born on July 26-1913.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls Idaho are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by family record prepared ~~on~~ about June 1 1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	James Arthur Weaver

Subscribed and sworn to before me this 25th day of April 1942

Notary Public, residing at Twin Falls Idaho

My commission expires July 8-1942
(Seal)

Signed Elmer D Weaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April 1942

Notary Public, residing at Twin Falls Idaho

My commission expires July 8-1942
(Seal)

Signed Donald E Weaver
(Signature of Any Credible Person Other Than Previous Signer)

Twin Falls Idaho
(Street Address, City, State)

APR 28 1942

APR 2 9 1942

693-219-042-814

PLACE OF BIRTH

County of Twin Falls

City of [illegible]

No. ..... St.

Hospital .....

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15339

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD LEILA PEARL Willis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 19 1913

FATHER		MOTHER	
FULL NAME	Bryant Willis	FULL MAIDEN NAME	Maude Hammond
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Phoenix, Arizona	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Wyoming
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H Wilson

physician
(Physician or midwife)

Address Twin Falls Idaho

Filed 9-21 1913 John H Coughlen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 25 1950

819-209-041-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15340

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Katherine Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	and	Yes	July 9, 1913

	FATHER	MOTHER
FULL NAME	Thos. A. Harrison	FULL MAIDEN NAME Ethel Brooks
RESIDENCE	Twin Falls, Ida	RESIDENCE Twin Falls Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	England	BIRTHPLACE England
OCCUPATION	Bank Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth... 2...

Number of children, of this mother, now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida

Filed 7-16 1913 John H. Englehart Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & ENGS. 17826

STATE OF IDAHO

PLACE OF BIRTH

MAY 16 1951

64

RESERVED FOR
REMARKS—THIS SIDE

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

719-114-006-165

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

[redacted] IDAHO
[redacted] STATISTICS
[redacted] OF BIRTH

Form V. S. No. 11-C—30m-2-15-12

Registration District No. 116

File No. 11534

Primary Registration District No. 2195

Registered No. 1

FULL NAME OF CHILD Marion Garden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug. 14 1913

FATHER	MOTHER
FULL NAME: Horace Garden	FULL MAIDEN NAME: Alice Jones
RESIDENCE: Aberdeen, Ida,	RESIDENCE: Aberdeen, Ida,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Fifth

Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

R-Y CO. 20174

Registrar

Filed May 14 19 13 M. C. MacKinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

696:107:008-713

PLACE OF BIRTH

Amended 12-28-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Placerville

No. ____ St. Registration District No. ____ File No. 15382

Hospital ____ Primary Registration District No. 2019 Registered No. 26

FULL NAME OF CHILD Ernest Richard Frost
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug. 7, 1913

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Seldon David Frost	FULL MAIDEN NAME: Ellen Gallupe
RESIDENCE: Placerville	RESIDENCE: Placerville
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Maine	BIRTHPLACE: Canada
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or midwife)

Address ____

Give names added from a supplemental report.

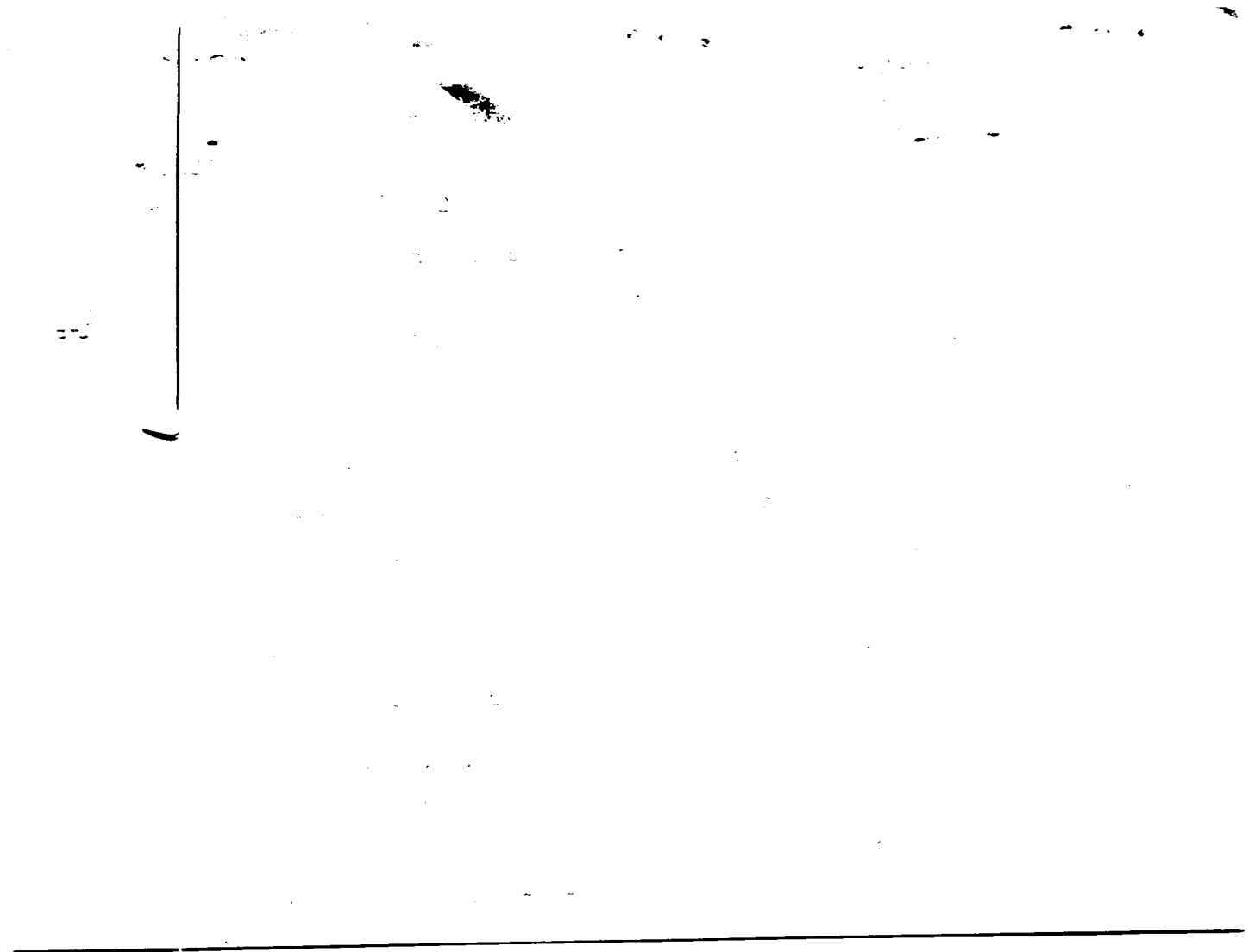
...., 192.....

Registrar.

Filed 7-10-1913 192.. G. G. Fitz

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Marriage license dated January 1934 gives name as Ernest Richard Frost. Viewed by V.S
Insurance Policy (Mutual Life Ins. Co. of New York) dated October 13, 1927, gives name as Ernest R. Frost
Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15342

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earnest Richard Frost (Name on Original Certificate) who was born (Was Born or Died) on Aug 7, 1913 (Date of Event)
in Placerville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Earnest Richard Frost	Ernest Richard Frost

Subscribed and sworn to before me this 28th day of December, 1957
R. M. Edmunston
Notary Public, residing at Meridian, Idaho
My commission expires 1-16-61
(Seal)

Signed Harold R. Frost
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of December, 1957
R. M. Edmunston
Notary Public, residing at Meridian, Idaho
My commission expires 1-16-61
(Seal)

Signed Marilyn Records
(Signature of Any Credible Person)

48 E. Carlton, Meridian, Idaho
(Street Address, City, State)

FORM DPH 55. 155

244.202 - 29.313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

Registration District No. 15

File No. 15343

Primary Registration District No. 2063

Registered No. 2

FULL NAME OF CHILD Gwaldine Bumpass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: (Month) (Day) (Year)
F			Yes	7 2 1913

FATHER		MOTHER	
FULL NAME	Gabriel A Bumpass	FULL MAIDEN NAME	Anna Talkington
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Thorny M D

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 11 1913 W. H. Glenn Registrar

S-Y CO. 20174

MAY 23 1988

63\103029-482

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S.—No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 15344

Primary Registration District No. 242 Registered No. 3

FULL NAME OF CHILD Joseph Leonard Flaaen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	May 3 1913

FATHER		MOTHER	
FULL NAME	Nels Flaaen	FULL MAIDEN NAME	Mary Duberg
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Twomey

Genesee Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 15 1913 W. T. Shine Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued December 31, 1940.

State of Idaho)
; ss
County of Latah)

Mrs. Evelyn Danielson, being first duly sworn, deposes and says,;

That the mothers maiden name as given in Birth certificate of Leonard Joseph Flamoe, is or was,

Mary Dybvig , and that this affadavit is made

correcting name of mother as given in a certificate on file of birth certificate of said Leonard Joseph Flamoe.

Mrs Evelyn Flamoe Danielson

Mrs. Evelyn Danielson.

Subscribed and sworn to before me, at my Office, at Genesee, Idaho, this 2nd. day of January, 1941.

Notary Public, residing at Genesee, Idaho.

657-213-029-235

PLACE OF BIRTH

County of Duluth

City of Gruson

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 15345

Primary Registration District No. 2142 Registered No. 4

FULL NAME OF CHILD Esther Ella Hepburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 13 1913

FATHER		MOTHER	
FULL NAME	Carl Hepburn	FULL MAIDEN NAME	Martha Klotz
RESIDENCE	Gruson	RESIDENCE	Gruson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	S. Dak
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) C. F. Tierney M.D.

Gruson Idaho (Physician or midwife)

Address

Filed 8-20 1913 W. H. Ehrn Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3
K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 14 1942

369-213-029-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No ____, ____ St.

Hospital ____

Registration District No 6 2 File No. 15346

Primary Registration District No. 2 4 2 Registered No. 5

FULL NAME OF CHILD Naomi Estella Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural Births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 13, 1913

	FATHER	MOTHER
FULL NAME	Walter Scott Ford	FULL MAIDEN NAME Sadie Parker
RESIDENCE	Genesee Idaho	RESIDENCE Genesee Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE Colorado
OCCUPATION	Laborer	OCCUPATION House-wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Coll

Physician

(Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-15 1913 W. H. Ehem

Registrar

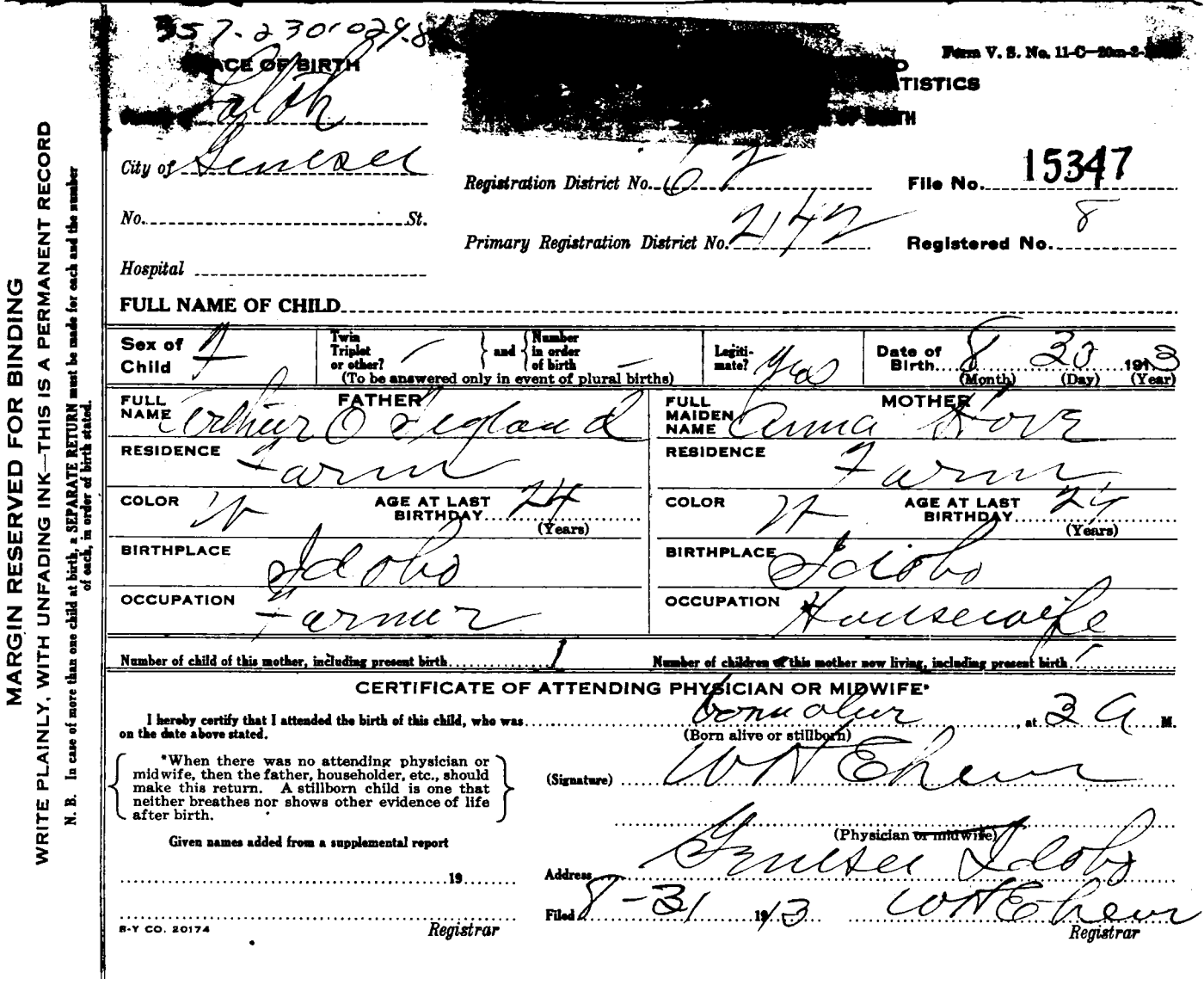
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

JAN 23 1942

PLACE OF BIRTH

STATE OF IDAHO



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357.230.02[illegible]

[illegible]CE OF BIRTH

[illegible]TISTICS

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Form V. S. No. 11-C—20m-2-[illegible]

City of Geneva

Registration District No. 67

File No. 15347

No. ..... St.

Primary Registration District No. 2172

Registered No. 8

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	8 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur O Englund	Anna Rorr
RESIDENCE	Farm	Farm
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W N Ehrem

(Physician or midwife)

Address Geneva Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-31 1913 W N Ehrem

..... Registrar

Registrar

8-Y CO. 20174

TEGLAND

DUP OF 1913-347976

632-117-028798

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Genesee

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 15348

Primary Registration District No. 7142 Registered No. 7

FULL NAME OF CHILD Lester Curtis Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	8 17 1913

FATHER		MOTHER	
FULL NAME	Arnold Olson	FULL MAIDEN NAME	Asgborg Strymyr
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Cohen

Genesee

(Physician or midwife)

Address Genesee

Given names added from a supplemental report

....., 19.....

Filed Aug 7, 1913 W. J. Cohen

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 12-7-40 mp

862-115-029-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 15349

Primary Registration District No. 2145 Registered No. 6

FULL NAME OF CHILD Thos. Andrew Hosfurther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 15 13

FATHER		MOTHER	
FULL NAME	Andrew Hosfurther	FULL MAIDEN NAME	Regina Hooper
RESIDENCE	Genesee	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W N Ehen M D

(Physician or midwife)

Address Genesee Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-15 13 W.N. Ehen

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

553/20-029-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 W

File No. 15350

Primary Registration District No. 2172

Registered No. 9

FULL NAME OF CHILD Glen Howard Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Aug 20 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Erickson	Nanna Larson
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thomas

Genesee (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 4 1913 W. H. Rees Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of)

COLOR

AGE AT LAST BIRTHDAY

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m

691-225-029.704

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. Rural #5 St.

Hospital N.E. Moscow Ida.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 241

File No. 15351

Registered No. 226

FULL NAME OF CHILD Ellen Jeanette Frazier.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes.	July	25	1913

FATHER		MOTHER	
FULL NAME	Frank Frazier.	FULL MAIDEN NAME	Nellie Somers
RESIDENCE	R.F.D. #5. N.E. Moscow	RESIDENCE	R.F.D. #5 N.E. Moscow
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Moscow, Idaho.	BIRTHPLACE	Hay Springs Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.M. Hatfield M.D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 15 1913

L.F. Rae

Registrar

S-Y CO., 16570

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AGE AT LAST BIRTHDAY

JAN 22 1952

28-219-029-613

PLACE OF BIRTH

Form V. S. No. 11-Q—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Near Moscow Registration District No. 61 File No. 15352

No. ____ St. Primary Registration District No. 2141 Registered No. 227

Hospital

FULL NAME OF CHILD Lela May Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Aug 19 1913

FATHER		MOTHER	
FULL NAME	Leroy Sanford Shaw	FULL MAIDEN NAME	Grace May Watson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dakota
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asplund M.D.
(Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 25 1913 D. F. Rae
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 17-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 8

699-117-029-842

PLACE OF BIRTH

County of Latah

City of Moscow

No. 220 S. Asbury St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

Registration District No. 61

File No. 15353

Primary Registration District No. 1011

Registered No. 4228

FULL NAME OF CHILD Leland Delos Wright

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Wright	Susan Hubbell
RESIDENCE	220 S. Asbury St.	220 S. Asbury St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Michigan	Illinois
OCCUPATION	Teacher U. of Idaho	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:35 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Witt M.D.

(Physician or Midwife)

Address Moscow, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 15 1913

S. F. Rae Registrar

.....

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 6 1975

266-210-029 819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Registration District No. 61 File No. 15354

No. North Jackson Primary Registration District No. 1011 Registered No. 225

Hospital Home

FULL NAME OF CHILD Virgie Frances Boone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 10 1913

FATHER		MOTHER	
FULL NAME	James W. Boone	FULL MAIDEN NAME	Rose Harris
RESIDENCE	North Jackson	RESIDENCE	Joel Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sullivan Co. Indiana	BIRTHPLACE	Arkansas
OCCUPATION	Heavy Laborer.	OCCUPATION	House girl.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Mahaffie M.D.

(Physician or Midwife)

Address Moscow Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 14 1913 S. F. Rae
Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

632-21-02695

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 — File No. 15355

Primary Registration District No. 1011 — Registered No. 224

FULL NAME OF CHILD Margaret Lucile Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 11 1913

FATHER		MOTHER	
FULL NAME	Ole W. Olsen	FULL MAIDEN NAME	Julia Winters
RESIDENCE	Jaffray B. C.	RESIDENCE	Jaffray B. C.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	S. Dak.
OCCUPATION	Lumberman	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph A. Shray M.D. (Physician or midwife)

Address Moscow, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 14 1913 S. F. Rae Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0- 20m-3-15-12

STATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 28 1975

154-229-029-753

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ____ St.

Hospital ____

Form V. S. No. 11-C—80m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 15356

Primary Registration District No. 1011 Registered No. 223

FULL NAME OF CHILD Bertha Constance Anderson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	July 28 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B E Anderson	FULL MAIDEN NAME	Amanda Peterson
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	H. W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) Joseph Asplund M.D.

(Physician or midwife)

Address Moscow Ida

Filed Aug 14 1913 J. F. Kane Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F

Form V. S. No. 11-C—20m-6-35

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 9

35-112-0 28731

PLACE OF BIRTH

County of Latah

City of Moscow

No. Elm St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 15357

Primary Registration District No. 1011 Registered No. 222

FULL NAME OF CHILD Robert Gladstone Temple

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Aug 12 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles E Temple	FULL MAIDEN NAME Martha Gladstone
RESIDENCE Moscow	RESIDENCE Moscow
COLOR W	AGE AT LAST BIRTHDAY 35 (Years)
COLOR W	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Teacher	OCCUPATION ~~Mus~~ H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Filed Aug 14 1913

.....Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County MAY 27 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-212-029-667.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Near Moscow

Registration District No. 61 File No. 15358

No. ..... St.

Primary Registration District No. 10 11 Registered No. 221

Hospital

FULL NAME OF CHILD Erma Bagley Dirks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Ya	Aug 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy A. Dirkes	Alice D. Hogarty
RESIDENCE	Reck Ida	Reck Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Iowa	Calif
OCCUPATION	R.R. Agent	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Filed Aug 14 1913

.....
Registrar

S-Y CO. 20174

.....
Registrar

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5-99-127-029-615

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital

Form V. S. No. 11-G—30m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 15359

Primary Registration District No. 1011 Registered No. 229

FULL NAME OF CHILD Charley W. Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	July 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mandel Erickson	Hazle Farrell
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	19 (Years)
BIRTHPLACE	Mont.	Minn
OCCUPATION	Farmer	Home Keeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 15 1913

D. P. Ray
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

795:127:029455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lolah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 15360

Primary Registration District No. 1011 Registered No. 230

FULL NAME OF CHILD Leslie E. Pierce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 27 1913

FATHER	MOTHER
FULL NAME B. G. Pierce	FULL MAIDEN NAME Nellie Mertz
RESIDENCE Moscow	RESIDENCE
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) J. N. Clarke

(Physician or Midwife)

Address Moscow

Filed Aug 28 1913

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

..... Registrar

Form V. S. No. 11-C—10

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

415·102·22593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Whatcom / Moscow

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 61 File No. 15361

Primary Registration District No. 1011 Registered No. 232

FULL NAME OF CHILD James G. Maeder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Aug 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Maeder	Bonnie Vickers
RESIDENCE	Moscow	Moscow
COLOR / AGE AT LAST BIRTHDAY	Whit / 29 (Years)	Whit / 29 (Years)
BIRTHPLACE	Mont.	Mo.
OCCUPATION	Carpenter	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Aug 28 1913 S. F. Rae

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

Form V. S. No. 11-C-1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

9

493-125-029.742

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

Form V. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 15362

Primary Registration District No. 611 Registered No. 231

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 25 1913

FATHER		MOTHER	
FULL NAME	Tom Dillman	FULL MAIDEN NAME	May Gustos
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30 ~~29~~
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ore	BIRTHPLACE	Moscow
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 28 1913 D. F. Rae
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 7 1967

15-12

366 21 4 031-995

PLACE OF BIRTH

County of Lewis

City of Steele

No. ..... *St.*

Hospital .....

Registration District No. 47 **File No.** 15363

Primary Registration District No. 2124 **Registered No.** 24

FULL NAME OF CHILD ELLA MARIE COON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	8 14th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Pearl Coon	Minnie V Lewis
RESIDENCE	Steele	Steele Dak
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Jones

Physician (Physician or midwife)

Address New Hebron Miss

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed Aug 15 1913 W M Jones *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15363

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ella Marie Coon (Name on Original Certificate) who Born (Was Born or Died) on August 14, 1913. (Date of Event) in Steele Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by fam. record (Bible Record, Insurance Policy, Etc.) prepared on July 9th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ella MarieCoon
Date	Aug. 13th	August 14, 1913

Subscribed and sworn to before me this ninth day of July 1942

Daniel Ryle

Notary Public, residing at Peck

My commission expires Dec. 18, 1945

(Seal)

Signed Mamie Viaima Coon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Peck, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of July, 1942

W. N. Lohman

Notary Public, residing at Seattle

My commission expires Feb. 3-1943

(Seal)

Signed Orval D Hunter

(Signature of Any Credible Person Other Than Previous Year)

12711- 2nd N.E. Seattle, Wn.

(Street Address, City, State)

JUL 18 1942

JUL 2 0 1942

239-221-031-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Nezperce

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C-40m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 15364

Primary Registration District No. 2124 Registered No. 2[redacted]

FULL NAME OF CHILD Violet Evelyn [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
F				Y	8 4

FATHER	MOTHER
FULL NAME John O Ferguson	FULL MAIDEN NAME Emma Brock
RESIDENCE Nezperce	RESIDENCE Nezperce
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Norway	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or Stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O G Jeffreys

(Physician or Midwife)

Address Nezperce Idaho

Given names added from a supplemental report

____, 19____

Filed 9-4-1913 W M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 22 1967

314-110-031-593

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 47 File No. 15365

No. ....., ... St.

Primary Registration District No. 2124 Registered No. 24

Hospital .....

FULL NAME OF CHILD ? Cameron

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	8 10 1913

FATHER		MOTHER	
FULL NAME	G.H.Cameron	FULL MAIDEN NAME	Rosa Nickle
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. McMahan

M.D.

(Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 9-4 19.13 J. M. Jones

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 29 1941

652-206-0[illegible]-562

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 15366

County of Lewis

City of Kamiah

Registration District No. 47 File No. 25

No. ____ St.

Primary Registration District No. 2124 Registered No. 25

Hospital ____

FULL NAME OF CHILD Eva Gladys West

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	8 6 1913

FATHER		MOTHER	
FULL NAME	Allen H. West	FULL MAIDEN NAME	Edna Hollingsworth
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M.D.

(Physician or Midwife)

Address Kamiah, Idaho

Given names added from a supplemental report

____, 19____

Filed 9-4 19 13 A. M. Jones

Registrar

S-Y CO., 16670

Registrar

FEB 4 1974

MAY 14 1973

249-126-024513

PLACE OF BIRTH

[redacted] m-6-20-11

Bur[redacted]

CERT[redacted]

County of Gooding

City of Wendell

Registration District No. 22th File No. 15367

No. ....., ... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Burner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	1 - 26 - 1913

FATHER		MOTHER	
FULL NAME	Allan Burner	FULL MAIDEN NAME	Linda Eaton
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 2 ... Number of children, of this mother, now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Johnston M.D.

(Physician or Midwife)

Given names added from a supplemental report

July 17 19[redacted] Wendell Idaho.

[redacted] Registrar

S-Y CO., 16670

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 12-28-60

PLACE OF BIRTH

27-222-024-239

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 15368

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD Grace Elizabeth Spaulding
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	7-22-1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Julius L. Spaulding	FULL MAIDEN NAME	Caroline Klingler
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician
(Physician or midwife)

Address Wendell

Filed July 22, 1913 H. E. Lamb
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

RECEIVED
DEC 27 1960
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 15368

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grace Spalding (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1913 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Grace Spalding	Grace Elizabeth Spaulding
Father's Last Name	Spalding	Julius L. Spaulding

Subscribed and sworn to before me this 23 day of December, 1960

Notary Public, residing at Rexburg,
My commission expires 3-31-63
(Seal)

Signed Lillie Shirley (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RFD#2, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of December, 1960

Notary Public, residing at Rexburg, Idaho
My commission expires 3-31-63
(Seal)

Signed (Signature of Any Credible Person)
(Street Address, City, State)

FORM DH 60.155 L 12-14-60. nm

Statement from L.D.S. Church Records, Ralph E. Weatherston, Rexburg, Idaho Fifth Ward Statistical Clerk states "I certify that according to the Record of Membership of the Church of Jesus Christ of Latter-Day Saints in my possession, Grace Elizabeth Spaulding (Petersen) was born 22 July 1913 at Wendell, Idaho to Julis Leslie Spaulding (father) and Caroline Klingler (mother)." - viewed by V.S.

Own Child's Birth Cert. on file: #265315 gives full maiden name of mother as Grace Elizabeth Spaulding - viewed by V.S.

Another child's birth cert. on file:#26389 gives full name of parents as Leslie Spaulding and Caroline Klingler - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

County of Kootenai

CERTIFICATE OF BIRTH

15869

City of Hill City — Registration District No. 18 — File No.

No. ____ St. — Primary Registration District No. 2138 — Registered No.

Hospital

FULL NAME OF CHILD Elsie May McCallister

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 5 1913

FATHER	MOTHER
FULL NAME H. F. McCallister	FULL MAIDEN NAME Nettie E. Lincoln
RESIDENCE Hill City	RESIDENCE Hill City
COLOR White — AGE AT LAST BIRTHDAY 38 (Years)	COLOR White — AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Kansas	BIRTHPLACE S. D.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 8-5-13 (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs

Physician (Physician or Midwife)

Address Baldwin Idaho

Given names added from a supplemental report

....., 19.....

Filed 8 5 1913 DeWitt P. Higgs

Registrar

S-Y CO., 19670

Registrar

SEP 5 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793 209 007768

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

Registration District No. 58

File No. 15370

No. ....., ... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy F. Fill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 8 1913

FATHER		MOTHER	
FULL NAME	Edward Fill	FULL MAIDEN NAME	Alda Goheen
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 8-8-13, at 8 32 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) DeWitt Driggs

Physician

(Physician or Midwife)

Address Soldier Idaho

Filed 8 8 1913 DeWitt Driggs Registrar

S-Y CO., 16670

SEP 7 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3 19 24 007666

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard — Registration District No. 58 — File No. 15371

No. ____, ____ St. — Primary Registration District No. 2138 — Registered No. ____

Hospital Virginia Paula

FULL NAME OF CHILD Wanda Laird

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 14, 1913

FATHER		MOTHER	
FULL NAME	Roy Laird	FULL MAIDEN NAME	Lela Wards
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) DeWitt A. Higgs

Physician
(Physician or Midwife)

Address Golding Ida

Filed 8-14-1913 DeWitt A. Higgs
Registrar

S-Y CO., 16670

DEC 14 1965

397-120-007-693

PLACE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield — Registration District No. 5-8 — File No. 15372

No. ____, ____ St. — Primary Registration District No. 2138 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Elmer Kenneth Lightfoot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 20 1913

FATHER	MOTHER
FULL NAME: Elmer Lightfoot	FULL MAIDEN NAME: Lissie Williams
RESIDENCE: Fairfield	RESIDENCE: Fairfield
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ida.	BIRTHPLACE: Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on 8-20-13, at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B. Higgs

Physician (Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-20-1913 DeWitt B. Higgs

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 23 1962

895-122-022 866

Form [redacted] 25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 15373

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Stewart Albert Hinman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes.	Aug. 22 1913

FATHER		MOTHER	
FULL NAME	Jesse R. Hinman	FULL MAIDEN NAME	Ollie Howell
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Rural mail carrier	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4304 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse R. Hinman

father
(Physician or midwife)

Address Avon

Filed 8/30 19 13 P. McEwan
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

8-Y CO. 24655

APR 23 1942

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261-110-029395

Form V. S. No. 10-(Revised)

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 15374

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Ed Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓	✓	Yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	Oscar Swanson	FULL MAIDEN NAME	Ellen Lund
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer (woods)	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar Swanson
father
(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/16 1913 P.O. Stamp

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BIND
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE
N. B. In case of more than one child at birth, a SEPARATE RETURN must be m of each, in order of birth stated.

Form V. S. No. H-C—Rev. 6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

[redacted]

[redacted]

[redacted]

235·203·02[redacted]3

PLACE OF BIRTH Kootenai

County of Kootney

City of St maries

No ——, —— St.

Hospital Residence

FULL NAME OF CHILD [redacted] Steele

Form V.S. [redacted] 7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 15375

Primary Registration District No. 07 Registered No.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1	4	Leg	aug 3 1913

FATHER	MOTHER
FULL NAME Wm Steele	FULL MAIDEN NAME Margy May Welch
RESIDENCE St maries Idaho	RESIDENCE St maries
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Richfield minn	BIRTHPLACE Oneal Neb
OCCUPATION Sales officer	OCCUPATION Home Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 230 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L C Fielding

Midwife (Physician or Midwife)

Address St maries Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 10 19 13 R E Stanert

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BOKS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

JUN 10

S53224.03/-396

PLACE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

STATE OF [redacted]

Bureau of Vital [redacted]

CERTIFICATE OF BIRTH

Registration District No 50 File No 15376

Primary Registration District No 2129 Registered No 7

FULL NAME OF CHILD unnamed Marvel Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			yes	Aug 24

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Riley Nelson	Alpha Crouse
RESIDENCE	Ilo Idaho	Ilo Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	38 (Years)	31 (Years)
BIRTHPLACE	Marion Co. Iowa	Alleghany Co N.C.
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3-a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.
(Physician or Midwife)

Address Ilo Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 24 1913 H. C. Parrish Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAR 7 1972

967-123-071-895

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ho

No ....., ... St.

Hospital .....

Registration District No 50 File No. 15377

Primary Registration District No. 2129 Registered No. 6

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Aug 23 1913

FATHER		MOTHER	
FULL NAME	Alvin Bascom Rogers	FULL MAIDEN NAME	Penelope Anna Hinrichs
RESIDENCE	Ho Idaho	RESIDENCE	Ho Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Asheville N.C.	BIRTHPLACE	Mokomis Ill.
OCCUPATION	Clerk	OCCUPATION	housewife

[Number of child of this mother, including present birth... 2 ..... Number of children, of this mother, now living, including present birth... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 6-15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Co. Parrish M. D.

(Physician or Midwife)

Address Ho. Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 23 1913 H. Co. Parrish

Registrar

Registrar

SVMS - YORK CO., PTRS. & SONS. 17826

Form V. S. No. 1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

915-212-03/-957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin

City of Mohler

No ....., ... St.

Registration District No. 50 File No. 15378

Primary Registration District No. 2129 Registered No. 5

Hospital .....

FULL NAME OF CHILD Eleanor Adela Ramsier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 12 1913

FATHER		MOTHER	
FULL NAME	Roy M Ramsier	FULL MAIDEN NAME	Zizzie Ingram
RESIDENCE	Mohler Idaho	RESIDENCE	Mohler Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth... 1 ..... Number of children, of this mother, now living, including present birth... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:59 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Mo. Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 19-1913 H. C. Parrish

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

APR 9 19

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

522-205-07-419

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ~ St.

Hospital ~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. II-C-20m-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 15379

Primary Registration District No. 2129 Registered No. (44)

FULL NAME OF CHILD Helen Gwendolen Esslinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 5 1913

FATHER

FULL NAME Lawrence J. Esslinger

RESIDENCE Vollmer Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Huntsville Ala

OCCUPATION Packer

MOTHER

FULL MAIDEN NAME Delpha Marcel (~~Esslinger~~)

RESIDENCE Vollmer Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Caloose, Wash

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Brooks

(Physician or midwife)

Address Vollmer Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 19 1913 H. C. Garrish
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-5.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 23 1946

JUN 26 1942

735-11-11029-266

PLACE OF BIRTH

STATE OF IDAHO

Form V. S.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 15380

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frederick Richard Eleave.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓ (To be answered only in event of plural births)		✓	yes.	Aug 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry L. M. Eleave.	Nellie E. Bowker.
RESIDENCE	Potlatch	Potlatch
COLOR	white	white.
AGE AT LAST BIRTHDAY (Years)	40.	36
BIRTHPLACE	England.	Illinois
OCCUPATION	Town site Manager.	Housewife

Number of child of this mother, including present birth 4.

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 1 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. J. N. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho

Filed Aug 22 1913 Dr. J. N. Thompson Registrar

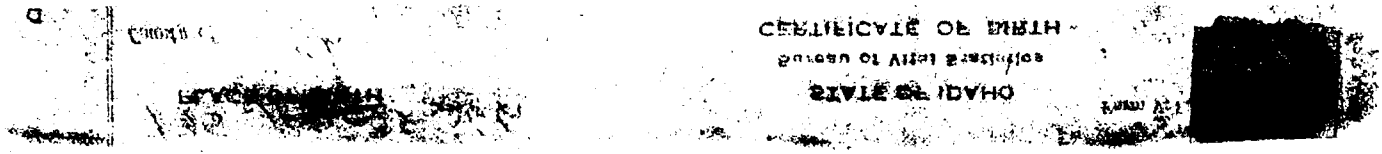
S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued November 6, 1940. E.W.



815-110-029632

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cabah.

City of Portneuf

Registration District No. 65 File No. 15381

No. ....., ... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD CLIFFORD Olaf A Hanson -

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes -	Aug 10 1913

FATHER		MOTHER	
FULL NAME	Andrew. Hanson.	FULL MAIDEN NAME	Ellen. Olson.
RESIDENCE	Portneuf.	RESIDENCE	Portneuf.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	47. (Years)	AGE AT LAST BIRTHDAY	28. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Sweden.
OCCUPATION	machinist.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born. Alive. (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M. D.

(Physician or Midwife)

Address Portneuf. Idaho.

Given name added from a supplemental report

..... 19.....

Filed Aug. 25th 1913. D. J. W. Thompson Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 15381

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Olaf Clifford Hanson	Olaf Clifford Hanson

Subscribed and sworn to before me this 27th
day of May, 1942

Mary A. McLaun
Notary Public, residing at Los Angeles, Calif.
My commission expires December 5, 1944
(Seal)

Signed Ellen Marie Hanson MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
715 S. Ardmore Ave Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 ____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUN 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-226.

PLACE OF [redacted]

9

[redacted] No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Potlatch

Registration District No. 65. File No. 15382

No. ....., ... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kathleen Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		✓	yes.	Aug. 26 1913

FATHER		MOTHER	
FULL NAME	Don. Davis.	FULL MAIDEN NAME	Emma Smith.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M D

(Physician or Midwife)

Address Potlatch Idaho.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 28 — 1913 D. J. W. Thompson Registrar

S-Y CO., 16669

DUP OF 1913 - 294728

464-109-027-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No. Oak St.

Hospital —

Registration District No. 65 File No. 15383

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Ralph Mousseau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	July 9 1913

FATHER		MOTHER	
FULL NAME	Alvin Mousseau	FULL MAIDEN NAME	Agnes Manier
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Mill foreman	OCCUPATION	Stenographer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.05 a M. on the date above stated.

(Signature) Ernest T. Hess MD

(Physician or Midwife)

Address Potlatch Idaho

Filed Aug. 1st 1913 D. J. W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17320

Form V. S. No. 11-C—10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

219-12-029.168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Jan-8-7

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 815, Pine St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 15384

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Thomas Holland Bardgette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	Thomas Edward Bardgette	FULL MAIDEN NAME	Daisy Johnstone
RESIDENCE	815 Pine Potlatch	RESIDENCE	Potlatch
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
COLOR	white	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Canada	BIRTHPLACE	India
OCCUPATION	Battery Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest G. Heinz MD

(Physician or Midwife)

Address 203 Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed Aug. 30 1913. D. Jr. Thompson

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

622-168-035-622

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Yoxpence,

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 15385

Primary Registration District No. 2170 Registered No. 6

FULL NAME OF CHILD Dale Gordon

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single	5	yes	Aug 18th 1913

FATHER	MOTHER
FULL NAME Joseph E. Osborne	FULL MAIDEN NAME Lydia Osborne
RESIDENCE Gifford, Ida.	RESIDENCE Gifford, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living male, at 6-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hurrington D.V.S.

(Physician or midwife)

Address Gifford Idaho

Filed 9-2 1913 E. E. Watts
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

[redacted]

DEC 22 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235 [redacted] 55

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15386

County of [redacted]

City of Gifford

Registration District No. 92 File No.

No. St.

Primary Registration District No. 2170 Registered No. 9

Hospital

FULL NAME OF CHILD Verda Blauvelt

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Single	Eighth	Yes	Aug 24th 1913

FATHER		MOTHER	
FULL NAME	Jacob L. Blauvelt	FULL MAIDEN NAME	Lilly M Beer.
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46. (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington, M.D.

(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-2-1913

E. E. Watts
Registrar

8-Y CO. 20174

Form V. S. No. 11-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1967

769-12-4035-478

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Gifford

Registration District No. ..... File No. 15387

No. ....., ... St.

Primary Registration District No. ..... Registered No. 7

Hospital .....

FULL NAME OF CHILD Minnie Porter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 24 1913

FATHER		MOTHER	
FULL NAME	Harold E. Porter	FULL MAIDEN NAME	Freda M. Maynard
RESIDENCE	Gifford	RESIDENCE	Same
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Douglass M.D.

(Physician or Midwife)

Address Gifford Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-30 1913 E. E. Watts

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913 -321690

635-127-075-395

PLACE OF BIRTH

County of Gooding

City of Gifford

No. _____ St.

Hospital _____

Form V. S. No. 11-C-20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 15388

Primary Registration District No. 2170 Registered No. 8

FULL NAME OF CHILD Stanley Ellis

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single	3	yes	Aug 27 1913

FATHER	MOTHER
FULL NAME Geo. F. Tolemingo	FULL MAIDEN NAME Jennie F. Tiebler
RESIDENCE Gifford Idaho	RESIDENCE Gifford Ida.
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Kansas	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE Wisconsin
	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 9-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Farrington M.D.

(Physician or midwife)

Address Gifford Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9-2 1913 E. E. Watts Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

213-105-035-942

PLACE OF BIRTH

Form V. S. No. 12-C—Rm-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meldon

Registration District No. ____ File No. 15389

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 5

Hospital ____

FULL NAME OF CHILD Clell Edmond Basom

May 5, 1913

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Frank A. Basom	FULL MAIDEN NAME	Bessie E. Rose
RESIDENCE	Ben N Meldon	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Eagle Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-30 1913

E. E. Watts

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/10/40 L. B.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

518-120-020-248

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 15390

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Not named~~ Helen Doris Taylor

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	Aug 20 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Samuel Taylor	FULL MAIDEN NAME: Martha Buhl
RESIDENCE: Glenn's Ferry	RESIDENCE: Glenn's Ferry
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Fireman O.S.L.R.R.	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive Aug 20th 1913 at 5 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

____, 19____

Filed Aug. 20th, 1913 J. W. Davis

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

AUG 2 6 1942

369.209.020-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 15391

No. ....., ... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Juanita Cornell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	Yes	Aug 9th, 1913

FATHER		MOTHER	
FULL NAME	John Cornell	FULL MAIDEN NAME	Vernia Farnsworth
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug. 9th 1913 at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 14th 1913 J. W. Davis
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics

PLACE OF BIRTH

MAY 9 1972

693-131-0242-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 15392

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD J. Raymond Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Ye	July 31 1913

FATHER	MOTHER
FULL NAME Walker Williams	FULL MAIDEN NAME Ethel Quimby
RESIDENCE 1 W 38 Buhl	RESIDENCE 1 W 38 Buhl
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Sevier Co. Tenn	BIRTHPLACE Carroll Co Ark.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. McClusky

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-2 1913 J. T. Murphy Registrar

8-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JAN 20 1954

65-207.042-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

No. _____ St.

Hospital _____

Registration District No. 39 File No. 15393

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Ruth Wearer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	1-3 1913.

FATHER		MOTHER	
FULL NAME	R. E. Wearer.	FULL MAIDEN NAME	Clara Schwing.
RESIDENCE	Boise.	RESIDENCE	Boise.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24.
BIRTHPLACE	Ida.	COLOR	W.
OCCUPATION	Ry. Baggage Man.	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Utah.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy.
M. D.
(Physician or midwife)

Address Buhl.

Given names added from a supplemental report. _____ 19____

Filed 8-4 1913. J. T. Murphy Registrar

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 17 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Lane } ss.

Certificate No. 15393

DEC 12 12 53 PM '73

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weaver (Female) who was born on Aug. 3, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy Writing Co. prepared on August, 1931, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Willa Ruth Weaver

Subscribed and sworn to before me this 21st day of November, 1973

Notary Public, residing at 644 S. 12th Cottage Grove Ore.

My commission expires Aug. 11 1974 (Seal) My Commission Expires Oct. 17, 1976

Signed Clara B. Lawrence / Mrs. R. E. Lawrence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

925 William, Cottage Grove Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Lane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1973

Notary Public, residing at 644 S. 12th Cottage Grove

My commission expires Aug. 11 1974 (Seal) My Commission Expires Oct. 17, 1976

Signed Leonard D. Clemens
(Signature of Any Credible Person)

Box 52 Dissmore Rt Dorena, Ore.
(Street Address, City, State)

FORM DH 60-155 CL 10/17/73

Application for Membership to Wester Bohemian Fraternal Association., Cerdar Rapids Iowa. gvies name as Ruth Konopik dated April 24, 1936 at Buhl, Idaho. born Aug. 3, 1913. Viewed by V. S.

JAN 30 1974

Marriage Certificate from Nevada gives xxxxxxx groom's name as George Konopik and the bride's name as Ruth Weaver. dated Aug. 17, 1931. Viewed by V. S.

243-206-042-555

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 15394

No. St.

Primary Registration District No. 2081 Registered No.

Hospital

FULL NAME OF CHILD Birdena Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	Birgan S. Buchanan	FULL MAIDEN NAME	Jennie Reed
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N. Car	BIRTHPLACE	Idaho
OCCUPATION	ranchers	OCCUPATION	housework

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

M. W.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

.....19.....

Filed 8-10 1913 J. Dunphy
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1960

693-108-042-314

PLACE OF BIRTH

County of Twin Falls

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 2[illegible]-Idaho-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15395

Primary Registration District No. 1087 Registered No. .....

FULL NAME OF CHILD Truman Eugene Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	8 8 1913

	FATHER	MOTHER
FULL NAME	S. G. Wilson	FULL MAIDEN NAME Sarah Saddler
RESIDENCE	28 1/4 N. Burley	RESIDENCE 28 1/4 Burley
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Sheldon Neb.	BIRTHPLACE Oakley Idaho
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-9 1913 J. Humphrey

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 2 1949

499-113-042-795

Form V. S. No. 11-C—60m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rupert

No. ..... St.

Registration District No. 39 File No. 15396

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hal Edwin Driskell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	8 13 1913

	FATHER	MOTHER
FULL NAME	Joe M. Driskell	FULL MAIDEN NAME Ophie Green
RESIDENCE	1/2 mi N. Rupert	RESIDENCE 1/2 mi North Rupert
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Salt Lake Co. Utah	BIRTHPLACE Paris Idaho
OCCUPATION	Mail Carrier	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-16 1913 J. F. Murphy Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of

1/13/41/ EA

259-213-042-249

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15397

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Shirk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	8 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. A. Shirk.	Sarah Burk.
RESIDENCE	2 E. Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Kan.	Chicago.
OCCUPATION	Farmer.	Hake's wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murfley. M. D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-14 1913 J. F. Murfley. Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DUP OF 1913-344353

259-21-041-449

PLACE OF BIRTH

Amended 5-20-60

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15398

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Claraetta Seiber
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug. 14, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: John M. Seiber	FULL MAIDEN NAME: Sarah Murray
RESIDENCE: 6W-6S Buhl	RESIDENCE: 6W-6S Buhl
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Floulla, Missouri	BIRTHPLACE: Litchfield, Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 p.m. ____ M. on the date above stated.

(Signature) A. T. McClusky M.D.

(Physician or midwife)

Address ____

Filed 8-16-13 192 J. H. Murphey
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement form Filer High School regarding attendence gives Name as Claraetta Seiber; Viewed by V.S. Marriage License issued April 18, 1931, in Rupert, Idaho, gives name as Claraetta Seiber. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 15398
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Seiber (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1913 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	unnamed	Claraetta Seiber

Subscribed and sworn to before me this 20th day of May, 1960

Notary Public, residing at Boise, Idaho
My commission expires 4-5-63
(Seal)

Signed Mrs. Earl Van Antran
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

729 N 8th Buhl Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

Mother's birth cert. #230100, shows name as Clara Etta Seiber, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15398

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Seiber (Name on Original Certificate) who born (Was Born or Died) on Aug. 14, 1913 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clara Etta Seiber

Subscribed and sworn to before me this 26th day of December, 1959

M. Larsen
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Sidney J. Seiber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 161 Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1959

M. Larsen
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH (S) 55. 155 CL 6-29-59. nm

[redacted]

County of Davis Salls

City of Bunk

No. _____ St.

Hospital _____

Registration District No. 39 File No. 15399

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. M. Lunsee	Kate Brackenberry
RESIDENCE	5 C - 1/2 S Bunk	5 C 1/2 S Bunk
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Alva Iowa	Emily Creek Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed 8-16 1913 J. J. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75X-2-28-29-325

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 15400

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wallace Chesley Pember

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			yes	Aug 20 1913

FATHER	MOTHER
FULL NAME: Erastus H. Pember	FULL MAIDEN NAME: Emma Kaeng li
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: white	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Wisc.	COLOR: white
OCCUPATION: Rancher	AGE AT LAST BIRTHDAY: 29 (Years)
	BIRTHPLACE: Wisc.
	OCCUPATION: housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

M. D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 8-28 1913 J. T. Humphrey Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 1910—Rev. 15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Bald. Registration District No. 39 File No. 15401

No. ..... St. Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hollis Jackson Sturdevant

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin.	and	Yes.	8-22-1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	J. A. Sturdevant	FULL MAIDEN NAME: Winnie A. Stites
RESIDENCE	4 W. 3d. Bald.	RESIDENCE: Same.
COLOR	W.	COLOR: W.
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Mo.	Col.
OCCUPATION	Farmer.	Home wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Sturdevant M. D. (Physician or midwife)

Address Bald.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-23 1913 J. A. Sturdevant Registrar

S-Y CO. 84033

NOV 13 1961

339-222.042-238

PLACE OF BIRTH

Form V. S. No. 11-C-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 15403

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Reystra

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			yes	Aug 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Reystra	Alice Schut
RESIDENCE	Buhl	Buhl
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 37	white / 34
BIRTHPLACE	Holland	Wisc.
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welthuizen
M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 8-28 1913 J. T. Murphy
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

278-22-1042-113

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. ____ File No. 15404

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Barbara L. Schmidt.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	8-27-1913

FATHER

FULL NAME	J. E. Schmidt.
RESIDENCE	Buhl.
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kan.
OCCUPATION	Hdw. Merchant.

MOTHER

FULL MAIDEN NAME	Clara Jackson.
RESIDENCE	Same.
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	O.
OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Murphy M.D.
(Physician or midwife)

Address Buhl. Ida.

Given names added from a supplemental report

....., 19.....

Filed 8-28- 1913 J. Murphy
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C - 20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 20 1959

PLACE OF BIRTH

Amended 6-10-58

PLACE OF BIRTH

349-22-1042 799

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 15405

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Marrissa Turnbeaugh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 29, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George W. Turnbeaugh	FULL MAIDEN NAME: Martha Prisbey
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Utah
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 8 - 30 - 1913 J. Humphrey

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

to correct Child's Name: Cert. of Baptism and Confirmation, May 29, 1923 (Baptized and Marriage License, Nov. 2, 1936 (Utah Marr. License). to correct Fathers Name: Cert. of Baptism & Conf. of Marrissa, May 29, 1923 and another childs birth cert. (Idaho birth) #5235.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Iron }

Certificate No. 15405

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Turnbaugh (Name on Original Certificate) who was born (Was Born or Died) on Aug 29, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Marrissa Turnbeaugh		
Name	Unnamed Turnbaugh	Marrissa Turnbeaugh
Father's Name	George Turnbaugh	George W. Turnbeaugh

Subscribed and sworn to before me this 2nd day of June, 19 58

Notary Public, residing at Cedar City, Utah
My commission expires March 10, 1961
(Seal)

Signed Ina Martha Pusbrey Turnbeaugh (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
583 So. 200 East Cedar City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Iron }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 58

Notary Public, residing at Cedar City, Utah
My commission expires March 10, 1961
(Seal)

Signed [illegible] (Sister)
(Signature of Any Credible Person)
[illegible] Cedar City, Utah
(Street Address, City, State)

FORM DPH 55.155

853-230-042-319

PLACE OF BIRTH

Amended 11-3-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 15406

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD LaVisa Elizabeth Helt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Aug. 30, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: W. A. Helt	FULL MAIDEN NAME: Mollie Cary
RESIDENCE: 3W. 1N. Buhl	RESIDENCE: 3W. 1N. Buhl
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D.
(Physician or midwife)

Address Buhl, Idaho

Filed 1-30-14 192.. J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Family Bible record, obviously old, gives name of child as LaVisa Elizabeth Helt and name of mother as Mollie A. Cary. Viewed by V.S. Certificate of Baptism and Confirmation dated Jan. 4, 1948, gives child's name as LaVisa Elizabeth Helt. viewed by v.s.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 15406

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Helt (Name on Original Certificate) who was born (Was Born or Died) on 8-30-1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Helt	LaVisa Elizabeth Helt
Name of mother	Mollie Carey	Mollie Cary

Subscribed and sworn to before me this 29 day of October, 1959.
Hazel L. Knapbeck
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Mrs Mollie A. Helt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
128 Hudson Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Nov., 1959.
Barbara [illegible]
Notary Public, residing at Nampa Idaho
My commission expires [illegible]
(Seal)

Signed Edith Bickford Magee
(Signature of Any Credible Person)
R # 1 Nampa Ida
(Street Address, City, State)

FORM DPH 55.155

Family marriage record, obviously old, gives mother's name as Mollie A. Cary. viewed by v.s.

168213-028-669

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital At Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—

CERTIFICATE OF BIRTH

15407

Registration District No. 36 File No. .....

Primary Registration District No. 2049 Registered No. 442

FULL NAME OF CHILD ~~Not Named~~ Ruth Margaret Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3rd	yes	Mar 13 1913

FATHER

FULL NAME William J. Mason

RESIDENCE Rose Lake Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Sweden

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Gertrude Forsblad

RESIDENCE Rose Lake Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Address Rose Lake Idaho

Filed 8/10 19 13 A. D. Greeman

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

633

[redacted]

Cert. Copy of Own Child's Birth Cert., State of Washington, copy issued June 16, 1955 - birth record no. 721, child born April 23, 1937 at Spokane, Wash. to Carl Henry Carlson and Ruth Margaret Johnson, age 24, born at Rose Lake, Idaho - viewed by V.S. Metropolitan Life Insurance Co. Policy, pol. no. 35219840, dated Aug. 28, 1933 gives full name of insured as Ruth Margaret Johnson, age 21 - name changed

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 20 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington on insurance policy Apr. 23, 1957 to Certificate No. 15407

County of King married name Ruth M. Carlson - Carl H. Carlson, husband is given as beneficiary - viewed by V.S. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Johnson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 13, 1913 (Date of Event)

in Rose Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Margaret Johnson

Subscribed and sworn to before me this 18th day of February, 1963

Notary Public, residing at Eatonville, Wash.

My commission expires Oct 30, 1965

(Seal)

Signed x Ruth Margaret Johnson now by marriage x Ruth Margaret Carlson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

19279 28th Ave So. Seattle 88, Wn.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of February, 1963

Notary Public, residing at Eatonville

My commission expires Oct 30, 1965

(Seal)

Signed x Mrs Adolph V. Johnson

(Signature of Any Credible Person)

300 Bailey Lane

(Street Address, City, State)

Eugene, Oregon.

FORM DH 60-155 CL 2-5-63. nm

FEB 20 1963

125-221-221-251

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 15408

St.

Primary Registration District No. 1003 Registered No. 443

NAME OF CHILD Searls. Rhea May

Sex: F	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth: 2-b	Legitimate? Yes	Date of birth: May 21, 1913 (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	Guy Searls	FULL MAIDEN NAME	Cora Mary Searls
RESIDENCE	Ed Clem Idaho	RESIDENCE	Ed Clem Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mich.
OCCUPATION	Machinist	OCCUPATION	Houshe

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. May Edmond

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ed Clem Idaho

Filed 8/10 1913 D. S. Brennan

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

SEP 20 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 10 26 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASH } ss.
County of SPOKANE }

Certificate No. 15408

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Searls (female) (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1913 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Rhea May Searls

Subscribed and sworn to before me this 20 day of November, 1974

Notary Public, residing at SPOKANE

My commission expires 4-1-76

(Seal)

Signed x Thelma E. Searls
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3412 W. Princeton Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL (/9/19/74

Family record gives child'snameas Rhea May Searls born May 21, 1918. in Coeur d'Alene, Idaho. viewedby V. S.

NOV 26 1974

Woman's Benefit Association from North American Benefit Assoc. gives name as Rhea M. King. The Beneficiary if listed as Clarence E. King and Shirley M. King (daughter) dated Dec. 2, 1949. viewed by V. S.

791-224-028-355

PLACE OF BIRTH

BUREA[redacted] STATISTICS

Form V. S. No. 11[redacted]

County of Kootenai

City of Coeur d'Alene

No. Arch & Taylor St.

Hospital at Residence

Registration District No. 30

Primary Registration District No. 1003

File No. 154[redacted]

Registered No. [redacted]

FULL NAME OF CHILD not named Mary Lee Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	June 24 1913

FATHER		MOTHER	
FULL NAME	John P. Gray	FULL MAIDEN NAME	Stella Lee
RESIDENCE	Arch & Taylor Sts.	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Lawyer	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

(Signature) Dr. J. H. Sheppard M.D.

(Physician or midwife)

Address Coeur D. Alene

Filed 8/10 1913 A. D. Brennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

844202028-993

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 15410

No. ..... St.

Primary Registration District No. 2051 Registered No. 4445

Hospital .....

FULL NAME OF CHILD Eva Caroline Hudlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			Yes	July 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. Conner Hudlow	Rachel Rickman
RESIDENCE	Hayden Lake	Hayden Lake
COLOR / AGE AT LAST BIRTHDAY (Years)	white 31	white 21
BIRTHPLACE	Mont.	Wash.
OCCUPATION	Steamboatman	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Pfeng

Physician (Physician or midwife)

Address Rathdrum Ida.

Filed 8/10 19 13 L. S. Drennan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/15/61

L. B.

APR 21 1955

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-15

791-202-028-944

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

No. ____, ____ St.

Hospital ____

Registration District No. 12

File No. 15412

Primary Registration District No. 2044

Registered No. 447

FULL NAME OF CHILD Ellen Adell Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	S	4th	Yes	July 1, 1913

FATHER		MOTHER	
FULL NAME	Wm Gray	FULL MAIDEN NAME	Vernie Rumerfield
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Maine	BIRTHPLACE	Michigan
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address St Joe

Filed 8/10 1913 D. L. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Benewah } ss.

OCT 29 1943

Certificate No. 15412

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Adell Pray (Name on Original Certificate) who was born (Was Born or Died) on July 2, 1913 (Date of Event)
in St. Joe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 2, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Ellen Adell Pray		
name	none given	Ellen Adell Pray

Subscribed and sworn to before me this 14th
day of October, 1943
Irene Tobias
Notary Public, residing at St. Maries, Idaho
My commission expires 10-10-43
(Seal)

Signed Mrs Verna Pray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Calder, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Benewah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of October, 1943
Irene Tobias
Notary Public, residing at St. Maries, Idaho
My commission expires 10-10-43
(Seal)

Signed Cora Carpenter
(Signature of Any Credible Person Other Than Previous Year)

St. Joe, Idaho
(Street Address, City, State)

NOV 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-102-028-212

PLACE OF BIRTH

Form V. S. No. 11-C—2m-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rayden

Registration District No. 17 File No. 15413

No. ..... St.

Primary Registration District No. 2057 Registered No. 448

Hospital

FULL NAME OF CHILD Robert Grass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 2 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Frank Grass	FULL MAIDEN NAME	Viola Bussye
RESIDENCE	Rayden	RESIDENCE	Rayden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4 A. M.

(Signature) D D Drennan

M D

(Physician or midwife)

Address Rathdrum

Filed 1/8/10 1913 D D Drennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 2 6 1975

567-203-28-685

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-20m-8-15-12

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 1 2

File No. 15414

Primary Registration District No. 2 0 5 1

Registered No. 449

FULL NAME OF CHILD Iva Glenns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Girl				Yes	July 2nd (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Baker Nogle	FULL MAIDEN NAME	Anona O dell
RESIDENCE	Post Falls Idaho	RESIDENCE	Post Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Goldsburough Co. Miss	COLOR	White
OCCUPATION	Day Laborer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Elera Miss.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Marian H. Kennedy
(Physician or midwife)

Address Post Falls Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/10 1913 L L Brennan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 5 1950

962-203-028-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 201 Harrison St.

Hospital

Registration District No. 1

Primary Registration District No. 1003

File No. 15415

Registered No. 450

FULL NAME OF CHILD Jessie Robbins

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	July 3 1913

(To be answered only in event of plural births)

FATHER

FULL NAME Edward J Robbins

RESIDENCE Coeur d'Alene Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wash.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Hazel Merle Imoff

RESIDENCE Coeur d'Alene Idaho

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Myers M.D.

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 8/10 1913 A. A. Freeman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

249.105.0274613

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 15416

Primary Registration District No. 2057 Registered No. 451

FULL NAME OF CHILD Robert Russell Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	July 5, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milo W. Smith	FULL MAIDEN NAME	Alice Walter
RESIDENCE	Rathdrum, R.F.D.	RESIDENCE	Rathdrum, R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician

(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report

..... 19.....

Filed 8/10 1913 L. D. Drennan

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-107028-954

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 15417

Primary Registration District No. 2049 Registered No. 452

FULL NAME OF CHILD Not Named Cleve Black

Sex of Child	Twin, triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3	Yes	July 7 1913

(To be answered only in event of plural births)

FATHER

FULL NAME James W Bloch

RESIDENCE 4 mi West Rose Lake Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Indiana

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Bertha Redmond

RESIDENCE 4 mi West Rose Lake Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C E Worthington MD

(Physician or midwife)

Address Rose Lake

Filed 8/10 1913 D W Brennan Registrar

8-Y GO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arkansas
County of Poinsett } ss.

Certificate No. 15417
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Black (Name on Original Certificate) who born (Was Born or Died) on July 7, 1913 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Black	Cleve Black

Subscribed and sworn to before me this 24
day of June 19 46
Talbert A. Fraley
Notary Public, residing at Lepanto, Arkansas
My commission expires Jan. 25, 1947
(Seal)

Signed Bertha King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lepanto, Arkansas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arkansas
County of Poinsett } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of August, 19 46
Talbert A. Fraley
Notary Public, residing at Lepanto, Arkansas
My commission expires January 25, 1946
(Seal)

Signed C. Lewis King
(Signature of Any Credible Person)
Lepanto Arkansas
(Street Address, City, State)

FEB 17 1975

AUG 21 1946

165 · 209 028-265

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum — Registration District No. 12 — File No. 15418

No. ____ St. — Primary Registration District No. 2051 — Registered No. 459

Hospital ____

FULL NAME OF CHILD Rose Katherine Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			Yes.	July 7 1913

FATHER		MOTHER	
FULL NAME	Walter Jones	FULL MAIDEN NAME	Martha Borrack
RESIDENCE	Athol, Ida.	RESIDENCE	Athol Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Kans.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report

....., 19.....

Filed 8/10 19 13 D. D. Stevens
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 3 1942

655-111-028-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum — Registration District No. 19 — File No. 15419

No. ____ St. — Primary Registration District No. 2057 — Registered No. 434

Hospital ____

FULL NAME OF CHILD Glen Elwyn Feely

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	July 11 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ivan Feely	FULL MAIDEN NAME	Retta Feeney
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wn.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Spencer (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 8/10 1913 L. D. Spencer Registrar

....., Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

435-21-028-168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12

File No. 15420

No. 824 Hastings St.

Primary Registration District No. 1003

Registered No. 455

Hospital

FULL NAME OF CHILD ~~not named~~ FRANCES JEAN McNAUGHTON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	Yes	7/11/1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. F. McNaughton	Mamie Johnson
RESIDENCE	Coeur d'Alene.	Coeur d'Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Dauphin Wis.	Council Bluffs Iowa
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....(Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8/10 19 13 A L Freeman
Registrar

R-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A F F I D A V I T

STATE OF IDAHO)
: ss.
County of Kootenai)

TO THE DEPARTMENT OF VITAL STATISTICS AND WHOM IT MAY CONCERN:

W. F. McNaughton, being first duly sworn, deposes and says that affiant and his wife, Mame J. McNaughton, are the parents of a daughter born at Coeur d'Alene, Idaho, under the attendance of Dr. Hunter on the 11th day of July, 1913; that the said Dr. Hunter filed with the Department of Vital Statistics of the State of Idaho a certificate of birth of said daughter, but did not supply the name of said child; That the name of said child at the time of filing said birth certificate was and now is Frances Jean McNaughton.

WHEREFORE affiant prays that said birth certificate be amended in accordance herewith.

W. F. McNaughton

Subscribed and sworn to before me this 22nd day of January, 1943.

E. Standley

Notary Public in and for the State of Idaho. My commission expires Aug. 20 - 44.

556-115-015-295

Amended 2-9-78

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Portneuf

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 — File No. 15421

Primary Registration District No. 2051 — Registered No. 456

FULL NAME OF CHILD WALLACE GEORGE Newhouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Newhouse	Anna Kingler
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Illinois	Wis
OCCUPATION	Teacher	Milliner

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Newman

M D. (Physician or midwife)

Address Pocatello

Filed 8/10 1913 L D Newman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

[redacted]

Form U. S. No. 11-C-29m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

(CERTIFICATE OF BIRTH)

[redacted]

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 3 36 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15421

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George William Newhouse (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1913 (Date of Event)
in Rathdrum, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	George William Newhouse	Wallace George Newhouse

Subscribed and sworn to before me this 20th day of December, 19 77

Nancy Matlock

Notary Public, residing at Boring, Oregon

My commission expires 11-25-79

(Seal)

Signed Joe J. Dawson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14175 SW 93 - Tigard, OR 97223

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of December, 19 77

Nancy Matlock

Notary Public, residing at Boring, Oregon

My commission expires 11-25-79

(Seal)

Signed David T. Robinson

(Signature of Any Credible Person)

1855 NE Lilac, Hillsboro, OR 97123

(Street Address, City, State)

FORM DH 60-155

CL 12/13/77

Military Record and Report of Separation, certificate of Service gives name as Wallace G. Newhouse born July 15, 1913 at Rathdrum, Idaho. Date of relief from active Duty April 1, 1946 at Camp Beale, California.
Viewed by V.S.

Family Record Book gives names of parents as William Newhouse and Anna Newhouse married April 18, 1910, son born July 15, 1913.
Viewed by V.S.

School District # 1 Multonomah County, Oregon gives name as Wallace G. Newhouse completed the Elementary Course of Study as prescrived by the Board of Directors on January 28, 1927. Charles A. Rice, Supt. of Schools.
Viewed by V.S.
Social Security Card, # 544 03 0680 gives name as Wallace George Newhouse. Card issued 1938.
Viewed by V.S.
War Department Identification Card issued January 17, 1945 gives name as Wallace G. Newhouse.
Viewed by V.S.

The University of Oregon Bachelor of Science Degree gives name as Wallace George Newhouse. Issued May 31, 1937 at Eugene, Oregonl
Viewed by V.S.

786115-028-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No # , # St.

Hospital St. Maries

Registration District No 17 File No. 15422

Primary Registration District No. 2049 Registered No. 457

FULL NAME OF CHILD Robert Lee Thorn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 - 15 - 1913

FATHER		MOTHER	
FULL NAME	Lee J. Thorn	FULL MAIDEN NAME	Edith Mc.Bride
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	R. R. Engineer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or Stillborn) at 9: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address St. Maries, Idaho.

Filed 8/10 1913 D D Brennan

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAR 1 0 1975

OCT 3 1946

713-116-028-465

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 15423

Registered No. 458

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Registration District No. 12

Primary Registration District No. 2049

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	July 16 1913

FATHER	MOTHER
FULL NAME E. A. Palmer	FULL MAIDEN NAME Julia Moe
RESIDENCE Medimont Ida	RESIDENCE Medimont Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Wis.
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 a M. on the date above stated.

(Born alive or stillborn)

(Signature) C. C. Worthington Physician

(Physician or midwife)

Address Rose Lake Ida

Filed 8/10 1913 D. D. Sullivan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

23-116-028-746

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

No. ..... St.

Registration District No. 1 v

File No. 15424

Primary Registration District No. 2049

Registered No. 459

Hospital Idaho

FULL NAME OF CHILD [redacted] Robert L. Blayden

Sex of Child	Twin, triplet, or single?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		Yes	July 16 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. L. Blayden	FULL MAIDEN NAME	Jessie Guffey
RESIDENCE	St Joe Idaho	RESIDENCE	Caldwell Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	DeMoine Iowa	BIRTHPLACE	Col.
OCCUPATION	Teamster	OCCUPATION	[redacted] Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W C Lindsay

Physician

(Physician or midwife)

Address Idaho Hospital St Joe Id

Given names added from a supplemental report

..... 19.....

Filed 8/10 19 13 D D Bennett

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

443-216-028-637

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 14 — File No. 15425

No. 907 Indiana St. — Primary Registration District No. 1003 — Registered No. 460

Hospital

FULL NAME OF CHILD Mildred Faelen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	7 — 16 — 1913

FATHER

FULL NAME: Thomas Mullen

RESIDENCE: 907 Indiana

COLOR: W — AGE AT LAST BIRTHDAY: about 60 (Years)

BIRTHPLACE: St Charles. Mo.

OCCUPATION: Lawyer

MOTHER

FULL MAIDEN NAME: Albertina Olga

RESIDENCE: 907 Coeur d'Alene St

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Fort Covington NY

OCCUPATION: Housewife

Number of child of this mother, including present birth: One.

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter MD

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report

.....19.....

Filed 8/10 1913 D. D. Brennan
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of ...

755-218-028-363

PLACE OF BIRTH

County of Kootenai

City of St Joe

No. ..... St.

Hospital Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 17 File No. 15426

Primary Registration District No. 2049 Registered No. 461

FULL NAME OF CHILD ~~Baby~~ Pearn, Ruby Leona

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		yes	July 18 1913

FATHER	MOTHER
FULL NAME A L Pearn	FULL MAIDEN NAME Concordia Lotz.
RESIDENCE St Maries	RESIDENCE Wis.
COLOR White	AGE AT LAST BIRTHDAY 50 (Years)
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Penna.	BIRTHPLACE Wis.
OCCUPATION Railroadman	OCCUPATION Dressmaking

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W C Lindsay

Physician

(Physician ~~or midwife~~)

Address Idaho Hospt St Joe Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 25 10 1913

L S Dyemann

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 15426

Date Filed Oct. 20, 1945

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Penn (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1913 (Date of Event)
in St Joe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Penn	Ruby Leona Penn

Subscribed and sworn to before me this 16th day of October, 1945

Notary Public, residing at Benton

My commission expires July 17-1949

(Seal)

Signed Cordia Penn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of October, 1945

Notary Public, residing at Benton

My commission expires July 17-1949

(Seal)

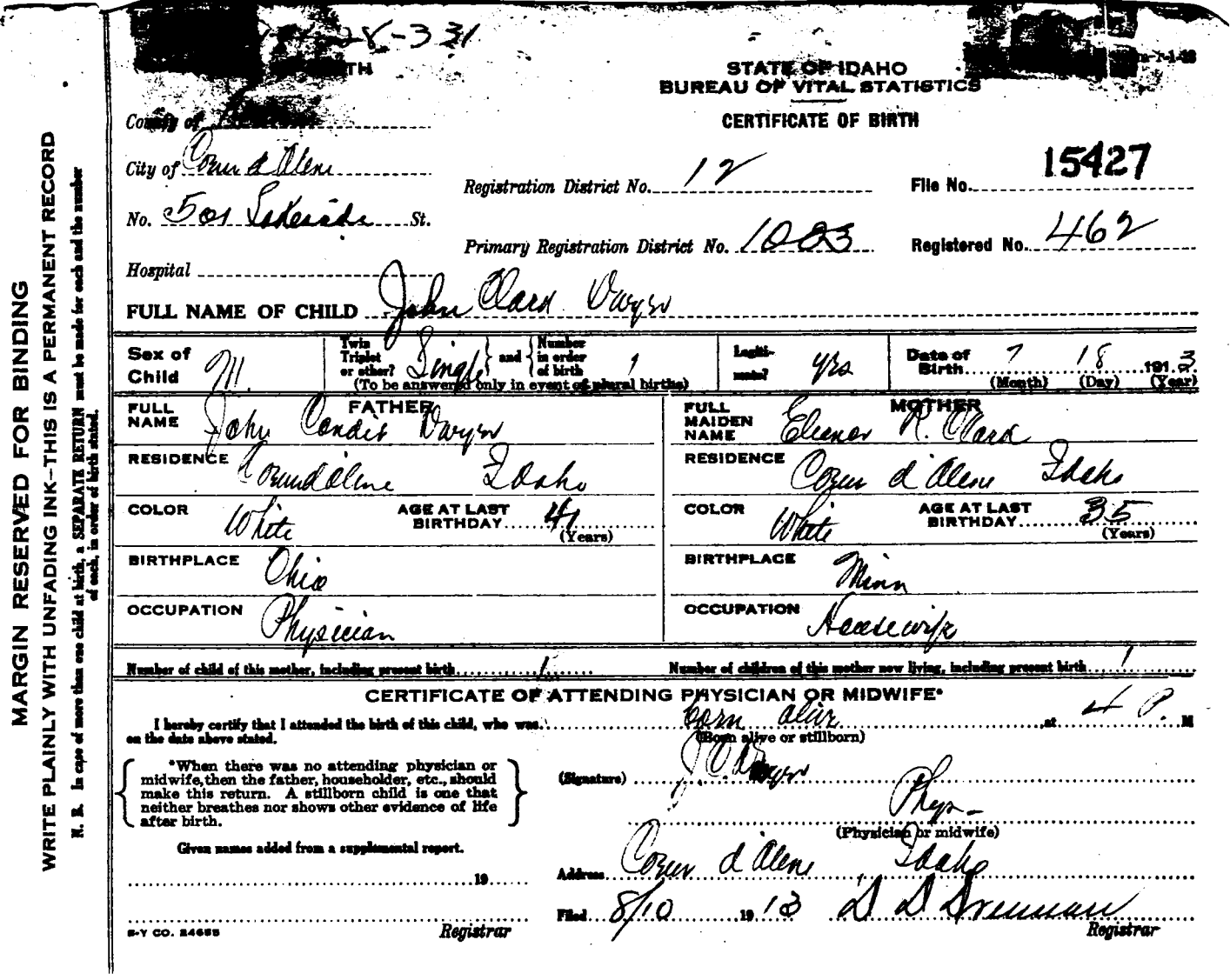
Signed Mrs. Mina Lancour
(Signature of Any Credible Person)

4416 Greenwood Ave

(Street Address, City, State)

Seattle Wash.

OCT 8 1 1945



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-331

[redacted]TH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Coeur d'Alene

Registration District No. 17

File No. 15427

No. 501 Sherman St.

Primary Registration District No. 1083

Registered No. 462

Hospital

FULL NAME OF CHILD John Ward Dwyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Single	1	Yes	July 18 1913

FATHER		MOTHER	
FULL NAME	John Cordis Dwyer	FULL MAIDEN NAME	Eleanor R. Ward
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

Phys. (Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 8/10 1913 D. D. Freeman
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

AUG 26 1941

Certificate No. 15427
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for James Clark Dwyer (Name on original certificate) who July 18 - 1913 (Was born ~~or died~~) on (Date of event)
in Coeur d'Alene Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Personal Knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	James Clark Dwyer	John C. Dwyer
John Clark Dwyer		(Clark)

Subscribed and sworn to before me this 25th day of August, 1941

Notary Public, residing at Coeur d'Alene

My commission expires Jan. 6, 1942

[SEAL]

Signed Eleanor R. Dwyer (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

317 Military Drive - Coeur d'Alene Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

JUN 1 8 1971

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Coeur d'Alene — Registration District No. 17 — File No. 15428

No. ____ St. — Primary Registration District No. 1003 — Registered No. 463

Hospital ____

FULL NAME OF CHILD Albert Litzenberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Litzenberger	Elizabeth Cook
RESIDENCE	Coeur d'Alene.	Coeur d'Alene.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Russia	Russia
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address C'Dalene

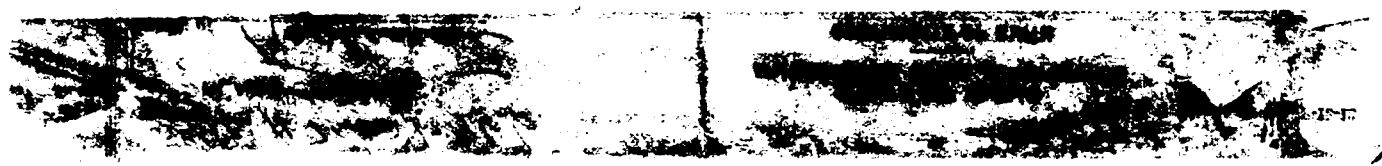
Filed 8/17 19 13 D D Freeman

Registrar

S-Y CO. 20174

Registrar

Certified copy issued October 25, 1940. D.W.



R...

OCT 14 19..

STATE OF WASHINGTON)
) ss.
County of Whitman)

HENRY LITZENBERGER and ELIZABETH COOK LITZENBERGER each being duly sworn for themselves and not one for the other says: That they are husband and wife and reside at Colfax in the County of Whitman, State of Washington. That ALBERT LITZENBERGER, who now resides at 420 South Howard St., in Spokane, Washington, is their son; that he was born in Coeur d'Alene, County of Kootenai, State of Idaho, on the 17th day of August, 1913, and is therefore a native born citizen of these United States, and that he has resided at all times in the United States; that this Affidavit is made for the purpose of correcting his birth certificate which is evidenced by file No. 15428 in the Bureau of Vital Statistics at Boise, Idaho.

Henry Litzenberger

Elizabeth Litzenberger

SUBSCRIBED and SWORN to before me this 10th day of October, 1940.

W. L. LaFollette

NOTARY PUBLIC in and for the State of Washington, residing at Colfax.

294-221-28533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO Form V. S. 3

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 15429

Primary Registration District No. 2057 Registered No. 464

FULL NAME OF CHILD Margaret Brugger.

Sex of Child	Twin, triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. M.	1	1	Yes	July 21, 1913.

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward L. Brugger	Nellie M. Ellis
RESIDENCE	Post-Falls, Idaho	Post-Falls, Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Washington	Minnesota
OCCUPATION	Merchant	H-wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Campbell M.D.

(Physician or Midwife)

Address Post Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8/10 1913 D. D. Brennan

Registrar

S-Y CO., 16670

412.222.028-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 4/27/46

County of Kootenai
City of Coeur d'Alene
No. ____ St.
Hospital ____

Registration District No. 12 File No. 15431
Primary Registration District No. 1003 Registered No. 463

FULL NAME OF CHILD Lillian Katharine Maki
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 22, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth: one
Number of children of this mother now living, including present birth: one

FATHER		MOTHER	
FULL NAME	Lauri Maki	FULL MAIDEN NAME	Fanny Tausta
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) A. S. Hunter, M. D.

(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 8/10/ 1913 D. D. Dreman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 15431

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lily Katharine Maki (Name on Original Certificate) who born (Was Born or Died) on July 23, 1913 (Date of Event)
in Coeur d'Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lily Katarine Maki	Lillian Katharine Maki

Subscribed and sworn to before me this 22nd
day of April, 1946
Notary Public, residing at Spokane, Wn
My commission expires Oct. 7, 1946
(Seal)

Signed G. A. Hostetler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E2418 7 Ave, Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 22nd
day of April, 1946
Notary Public, residing at Spokane, Wn
My commission expires Oct. 7, 1946
(Seal)

Signed Charles D. McNeill
(Signature of Any Credible Person)
802 East Baldwin, Spokane, Wash.
(Street Address, City, State)

APR 6 1949
OCT 12 1966

APR 28 19

253-124-028-231

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Dalene

No. ____ St.

Hospital ____

Registration District No. 17 File No. 15432

Primary Registration District No. 1003 Registered No. 467

FULL NAME OF CHILD WILLIS LeROY KELLER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7-24-1913

FATHER		MOTHER	
FULL NAME	Wallace Keller	FULL MAIDEN NAME	Bertha Blagrave
RESIDENCE	Coeur d'alene Ida	RESIDENCE	Coeur d'alene Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Yatoma, Kansas
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter

(Physician or midwife)

Address Coeur d'alene

Given names added from a supplemental report

....., 19.....

Filed 8/10 1913 D D Drennan

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Willis LeRoy Keller (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 24, 1913 (DATE OF EVENT)
in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Keller	Willis LeRoy Keller

Subscribed and sworn to before me this 15th day of January, 19 42

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44
(SEAL)

Signed Bertha Keller
Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. #1, Rathdrum, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 19 42

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44
(SEAL)

Signed Willis Keller
Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. #1, Rathdrum, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 10 1960

123-128-028-693

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital ~

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 15433

Primary Registration District No. 1003 Registered No. 468

FULL NAME OF CHILD JAMES WILSON ASCHENBRENNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 28 1913

FATHER	MOTHER
FULL NAME David Aschenbrenner	FULL MAIDEN NAME Elma R. Wilson
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Marion Center, Kansas.	BIRTHPLACE Robenbow, Neb
OCCUPATION Laborer.	OCCUPATION Housework

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Hunter, Physician
(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8/10 1913 D. S. Spellman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 15433

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Aschenbrenner (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 28th 1913. (DATE OF EVENT)
in Coeur D'Alene Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by his mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar 25th. 1942. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Wilson Aschenbrenner
James Wilson Aschenbrenner		

Subscribed and sworn to before me this 25th
day of March, 1942.
O L Sayton
Notary Public, residing at Tacoma. Wash.
My commission expires Jan 2. 1945.
(SEAL)

Signed Mrs. Alma Aschenbrenner mother.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
6422-So Prospect St. Tacoma. Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 25th
day of March, 1942.
O L Sayton
Notary Public, residing at Tacoma. Wash.
My commission expires Jan 2 1945.
(SEAL)

Brother Alma Aschenbrenner
Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)
6423 So. Junett St. Tacoma. Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 11 1942

944.129.028-392

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15434

County of Kootenai

City of St. Joe

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2049 Registered No. 469

Hospital

FULL NAME OF CHILD Bert Royal Rumerfield

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	S.	1	Yes	7/29 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H Rumerfield	FULL MAIDEN NAME	Gertrude L. Tibbits
RESIDENCE	St. Joe Id	RESIDENCE	St. Joe Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wisc.
OCCUPATION	Lo. J.	OCCUPATION	Housemaker

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. M. Doyle M.D.

(Physician or midwife)

Address St. Joe Id

Given names added from a supplemental report

.....19.....

Filed 8/10 1913 L. L. Drennan

.....
Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

745-230-028-666

Amended 2-18-64 (Be sure the information is complete and accurate)

State-File No. 15435

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 470

Reg. Dist. No. 12

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Kootenai	a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Olive	Mary	Green

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
F.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		July	30,	1913

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Walter		Green	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Kan.	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Maud		Woodside	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Kan.	1	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
D. D. Drennan	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Rathdrum	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
8/10/1913	D.D. Drennan	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard ... test for syphilis performed? [ ] [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 23 1964
Bureau of Vital Statistics

State of [illegible] } ss.
County of [illegible]

Certificate No. 15435

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Olive Green (Name on Original Certificate) who born (Was Born or Died) on July 30, 1913 (Date of Event)
in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Olive Green	Olive Mary Green
Full Name of Father	Wallace Green	Walter C. Green
Full Maiden Name of Mother	Maud Whiteside	Maud E. Woodside
Mother's Race	Not Given	White

Subscribed and sworn to before me this [illegible] day of [illegible] 19 63

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Maud E. Woodside Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] N. Smith, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of [illegible] 19 63

[illegible]
Notary Public, residing at Moses Lake
My commission expires [illegible]
(Seal)

Signed Lela L Fisher
(Signature of Any Credible Person)

Chevelah, Washington
(Street Address, City, State)

FORM DPH 55.155

CL 8-13-59. ~~rm~~ one copy pd. rec. #14752.

Another Child's Birth Cert. on file: (Idaho Birth) #36762 gives parents names as Walter Green and Maud Woodside, also gives mother's race as White - viewed by V.S.

State of Idaho, County of Latah, Marriage License, married Dec. 30, 1907 at Moscow, Idaho gives full name of groom as Walter C. Green and full name of bride as Maude Woodside - viewed by V.S.

Birth Cert. and Foot Print Identification, Samaritan Hospital, Moses Lake, Washington, dated July 3, 1954 gives full name of child as Kim Susan Sherwood, born July 3, 1954 at 2:57 P.M. to Ray Ward Sherwood and Olive Mary Green - viewed by V.S.

Hospital Birth Certificate, Sacred Heart Hospital, Spokane, Washington, gives full name of child as Joe Morgan Sherwood, born Oct. 22, 1947 at 3:46 A.M. to Ray Ward Sherwood and Olive Mary Green, born July 30, 1913 at Rathdrum, Idaho - viewed by V.S.

634-230-028-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 690 Wallace St.

Hospital

Registration District No. 17

File No. 15436

Primary Registration District No. 1003

Registered No. 471

FULL NAME OF CHILD Ezma Elizabeth Fluatte

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 30 1913

FATHER	MOTHER
FULL NAME Milton Edward Fluatte	FULL MAIDEN NAME Anna Mary Fitzwilliams
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Michigan	BIRTHPLACE South Dakota
OCCUPATION Barber	OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Bacon

Physician

(Physician or midwife)

Address Coeur d'Alene 614 Garden Ave

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8/10 1913 D. D. Greene
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-19-41

JAN 8 1 195

738-131-[illegible] 819

PLACE OF BIRTH

County of Kootenai

City of Dudley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 15437

Primary Registration District No. 2049 Registered No. 492

FULL NAME OF CHILD [illegible] ALBERT EDWIN GLYNN

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	S		7	yes	July 31 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jackson L Glynn	FULL MAIDEN NAME Lydia Harlett
RESIDENCE 1½ mi N E Dudley Ida	RESIDENCE 1½ mi N E Dudley Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Wis	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Worthington

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8/10 19 13 D D Summers. Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

Certificate No. 15437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Albert Edwin Glynn (BIRTH OR DEATH) for Glynn (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 31 1913 (DATE OF EVENT) in Dudley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by School record at Dudley, Idaho (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Albert Edwin Glynn

Subscribed and sworn to before me this 21st day of January, 19 42.

Notary Public, residing at Klamath Agency, Oregon

My commission expires February 13 1944.
(SEAL)

Signed J. L. Glynn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INTERNANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Klamath Agency, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Spokane } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 27 day of January 1942.

Notary Public, residing at Spokane

My commission expires Aug 13. 1944.
(SEAL)

Signed Mrs Lorraine Wells
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

E 1103 - 12 Ave
(STREET ADDRESS, CITY, STATE)

Spokane Wash

Received for filing on 3/1 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15437

State of Oregon } ss.
County of Klamath }

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Albert Edwin Glynn (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 31, 1913 (DATE OF EVENT)
in Dudley Hospital (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 31, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
sex	female	male father white

Subscribed and sworn to before me this 27th day of April, 1942

Signed Mrs. Lydia Glynn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bly Oregon

NOTARY PUBLIC FOR OREGON
My commission expires MY COMMISSION EXPIRES OCT. 22, 1945 (STREET ADDRESS, CITY, STATE)
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19 ____

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at ____ (STREET ADDRESS, CITY, STATE)

My commission expires ____
(SEAL)

Received for filing on MAY 1 1942 By ____ (REGISTRAR'S SIGNATURE)

MAY 4 942

745-031-028-758

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

15438

County of Kootenai

City of Post Falls

Registration District No. 12

File No.

No. ____, ____ St.

Primary Registration District No. 1003

Registered No. 473

Hospital

FULL NAME OF CHILD Eleanor Augusta Goeke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. Male	/	/	Yes.	July 31, 1913.

	FATHER	MOTHER
FULL NAME	Goeke	FULL MAIDEN NAME Mertie A. Lake
RESIDENCE	Post-Falls.	RESIDENCE Post. Falls.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Davis, Ill.	Nebraska
OCCUPATION	Dairyman	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.F. Campbell M.D.

(Physician or Midwife)

Address Post Falls

Given names added from a supplemental report

....., 19.....

Filed 8/10 1913 S.D. Stevenson Registrar

S-Y CO., 16670 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

3 Yk 205 c 08-653

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] OF BIRTH Boise

[redacted] Montour

Registration District No. _____ File No. 15439

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Eva Vyrian Lumpkin not known to me

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
FeMale	** (To be answered only in event of plural births)	**	yes	Aug. 5th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Lumpkin	FULL MAIDEN NAME	Bessie Wellman
RESIDENCE	Montour Ida.	RESIDENCE	same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wyo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed 9-3- 1913 J. K. Reynolds Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 5 1942

[redacted]

E OF BIRTH

DEC 14 1970

252 [redacted] 014-614

[redacted] BIRTH

[redacted]n

County of [redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 2010 File No. 15440

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillian Bebb

Not known to me (mother)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female	**	**		yes	7- 31- 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lauren E. Bebb	FULL MAIDEN NAME	Jennie Wade
RESIDENCE	Emmett Ida.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Laborer. Iowa.	BIRTHPLACE	Utah
OCCUPATION	A	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett Ida.

Given names added from a supplemental report

..... 19.....

.....

Registrar

Filed 8-6- 1913 J. K. Reynolds

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

DO NOT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 15440

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jennie	Lillian Bebb

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

L E Bebb
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUN 6 1952

JUL 15 1952

244-106-014 693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 15441

County of Canyon

City of Falk

Registration District No. 20 10

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Wilson Summers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8 6 '3

FATHER		MOTHER	
FULL NAME	Burt Summers	FULL MAIDEN NAME	Lillie Wilson
RESIDENCE	Falk, Ida	RESIDENCE	Falk
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed 8/8 19 13 J. L. Reynolds Registrar

.....

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

AUG 21 1942

AUG 17 1943

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

15442

PLACE OF BIRTH

County of Canyon

City of Emmett Registration District No. 2011 File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Edith Lyon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	6-26-1913

FATHER		MOTHER	
FULL NAME	Lesley Earl Lyon	FULL MAIDEN NAME	Mable Idaho Sundesson
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Nurseryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) M.D.

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

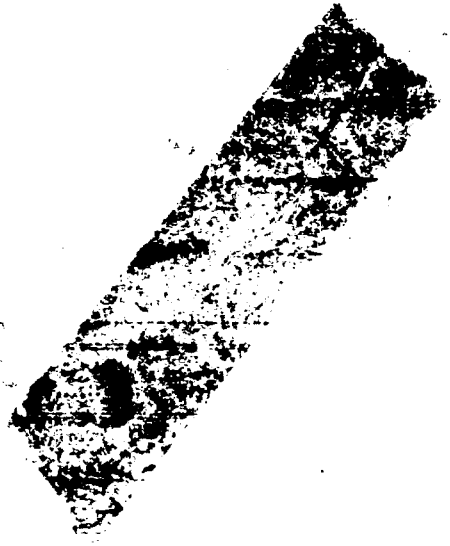
Filed 8-30- 1913 J. L. Reynolds
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DUP OF 1913-278579

866-124614-392

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Canyon

City of Hanna Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 15443

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Robert John Howard not known to me

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	##		##	yes	Aug. 24 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert J. Howard	FULL MAIDEN NAME	Alla Sissler
RESIDENCE	Hanna da.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark MD

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

Filed 9-3- 1913 J L Reynolds Registrar

..... Registrar

8-Y CO. 20174

Form V.S. No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Canyon

County of

Major

(Years)

3661 D 135

PLACE OF [redacted]

Form V. S. No. 11-C--15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Union

Registration District No. 28 File No. 15447

No. ....., ... St.

Primary Registration District No. 1011 Registered No. 45

Hospital .....

FULL NAME OF CHILD Harry Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~3rd~~		Yes	7-4 1913

FATHER	MOTHER
FULL NAME Harry P. Cooper	FULL MAIDEN NAME Mrs. Lenore Marie Alexander
RESIDENCE Union	RESIDENCE Cooper Union
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Dont know	BIRTHPLACE Madison, Ind.
OCCUPATION Cook	OCCUPATION Housewife

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

(Signature) Frank E Hunter MD

(Physician or Midwife)

Address .....

Filed July 10, 1913 H. Lee Dempsey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

JUN 8 1942

[redacted]

MAY 9 1975

299-108-040-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Elm St.

Hospital —

Registration District No. 28 File No. 15445

Primary Registration District No. 1011 Registered No. 46

FULL NAME OF CHILD Milton Thayer Birley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one (To be answered only in event of plural births)	2nd	Yes	July 8 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Geo L. Birley	FULL MAIDEN NAME Bertha Thayer
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE Kansas
OCCUPATION	Millman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry Physician (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed July 17, 1913 St. Leo Lyng Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

JAN 20 1975

APR 7 1976

945·110·040-953

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 144 King St.

Hospital

Registration District No. 28 File No. 15446

Primary Registration District No. 1011 Registered No. 47

FULL NAME OF CHILD John Lee Ruebke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	1st	yes	July 10 1913

	FATHER	MOTHER
FULL NAME	John Ruebke	Edna Ballard
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Minnesota	Missouri
OCCUPATION	R. Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John (Born alive or stillborn) at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Mowary

Physician

(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 17, 1913

E. Lee Lundy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 1 8 1942

PLACE OF BIRTH

293-212040-437

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 15447

Primary Registration District No. 2011 Registered No. 48

FULL NAME OF CHILD Patricia Eleanor Gillberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	6th	yes	July 12 1913

FATHER		MOTHER	
FULL NAME	Henry Gillberg	FULL MAIDEN NAME	Delia McGraw
RESIDENCE	Mullan Ida	RESIDENCE	Mullan, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Ireland
OCCUPATION	Hotel man	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Address Wallace Ida

Filed July 17, 1913 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 15447

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Patricia Eleanor Billberg (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1913 (Date of Event)
in Wallace, Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on October 27, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Patricia Eleanor Billberg
Date of birth	July 11, 1913	July 12, 1913

Subscribed and sworn to before me this 28th day of October, 1943.
Frank C. Flynn
Notary Public, residing at Spokane, Wash.
My commission expires Jan. 21 1945.
(Seal)

Signed Mrs Delia Billberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
W 3407 Glass Spokane Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1943.
Frank C. Flynn
Notary Public, residing at Spokane, Wash.
My commission expires Jan. 21, 1945
(Seal)

Signed Victor E Lamb
(Signature of Any Credible Person Other Than Previous Year)
3407 W. Glass.
(Street Address, City, State)
Spokane, Wash.

1943

APR 5 1951

NOV 1 5 1972

NOV 2 1943

651-114040-765

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-9-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1st St.

Hospital William Hall

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 15448

Primary Registration District No. 1011 Registered No. 219

FULL NAME OF CHILD Featherstone

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births): one; and Number in order of birth: 4	Legitimate? yes	Date of Birth: July (Month) 14 (Day) 1913 (Year)		

FATHER		MOTHER	
FULL NAME	Albert E Featherstone	FULL MAIDEN NAME	Grace Paul
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1130 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 17, 1913 F. Leo Lane
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

APR 9 1943

JAN 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

[redacted]

Bureau of Vital Statistics

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 15449

Primary Registration District No. 1011 Registered No. 57

FULL NAME OF CHILD Eleanor Merriam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 10 1913

FATHER		MOTHER	
FULL NAME	Robt S. Merriam	FULL MAIDEN NAME	Mabel Fleming
RESIDENCE	8 High St. Wallace	RESIDENCE	8 High St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New Brunswick Canada	BIRTHPLACE	Illinois
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean

(Physician or Midwife)

Address Wallace Hospital

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 18, 1913 [illegible] Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

PLACE OF BIRTH

STATE OF IDAHO

295 - 218

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 10th File No. 15450

No. 2 mi North + ½ Mi W of Eagle Primary Registration District No. 2002 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ella Catherine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	July 18th 1913

FATHER		MOTHER	
FULL NAME	R. N. Brokaw	FULL MAIDEN NAME	L. Belle Mead
RESIDENCE	Lower Dry Creek	RESIDENCE	Lower Dry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5-th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Living~~ born alive (Born alive or stillborn) at 2 a — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M Taylor M D

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 29 1913 W. A. Bloom

.....
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

315-22-[redacted]93

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15451

Primary Registration District No. ..... Registered No. 20

FULL NAME OF CHILD Iola MacCandless

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis L. Candless	Monna Richardson
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	22
BIRTHPLACE	Minn	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 22 1913 C. H. Scott Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-120-07 [illegible]

693-[illegible]

Form V. S. No. 21-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hayburn

Registration District No. 19 File No. 15452

No. [illegible] St.

Primary Registration District No. [illegible] Registered No. 19

Hospital [illegible]

PAUL FRANKLIN

FULL NAME OF CHILD Frank Wilcox

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin (To be answered only in event of plural births)	second	Yes	8 20 1913

FATHER		MOTHER	
FULL NAME	Frank Wilcox	FULL MAIDEN NAME	Flora Robertson
RESIDENCE	Hayburn	RESIDENCE	Hayburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

Filed Aug 22 1913 C. H. [illegible]

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 15452

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Paul Franklin Wilcox (BIRTH OR DEATH) for Paul Franklin Wilcox (NAME ON ORIGINAL CERTIFICATE) who ~~was born~~ Sept 20 1913 (WAS BORN OR DIED) on Sept 20 1913 (DATE OF EVENT) Pauline Frances Wilcox in Paul, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Christian Stollen (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 20 - 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Frank & Clara (twins)	Paul Franklin Wilcox and
Paul Franklin Wilcox		PAULINE FRANCES
Pauline Frances Wilcox Kenfield		

Subscribed and sworn to before me this 24 day of February, 1943.

Notary Public, residing at Rupert Idaho
My commission expires Mar 22 1943
(SEAL)

Signed Mrs. Clara Wilcox.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Paul, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of February, 1943.

Notary Public, residing at Rupert, Ida.
My commission expires Mar 22 - 1943
(SEAL)

Signed Mrs. Clara Wilcox.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 0 . 1991

MAR 9 1949

FEB 27 1949

895·210-09K 385

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Hospital ____

Form No. 13-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15453

Primary Registration District No. ____ Registered No. 18

FULL NAME OF CHILD Silva Hinz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 10 1913

FATHER		MOTHER	
FULL NAME	William Hinz	FULL MAIDEN NAME	Eva Yost
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Colo.
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report

....19....

Filed Aug 11 19 13

....Registrar

8-Y CO. 20174

C. H. Scott
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 5 1950

313-124-03K-294

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Ferrell Brunt Catmull~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15454

Primary Registration District No. ..... Registered No. 22

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	August 8 1913

FATHER	MOTHER
FULL NAME Henry Catmull	FULL MAIDEN NAME Eliza Brunt
RESIDENCE Rupert.	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE England	BIRTHPLACE New Jeland
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 10th

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Scott

Physician
(Physician or midwife)

Address Rupert.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 25 1913 O. H. Scott Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 15454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ferrell B. Catmull (Name on Original Certificate) who born (Was Born or Died) on August 24, 1913 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record Book (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Catmul	Catmull
Name	Ferrell B.	Ferrell Brunt
Date	Aug. 23	Aug. 24, 1913

Subscribed and sworn to before me this 16th day of June 1942

A C DeMary

Notary Public, residing at Rupert, Idaho.

My commission expires July 6, 1943
(Seal)

Signed Nancy Catmull
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1007 F Street, Rupert, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June 1942

A C DeMary

Notary Public, residing at Rupert, Idaho

My commission expires July 6, 1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.

SEP 22 1975

JUN 24 1942

855-223-034-463

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 15455

Primary Registration District No. ..... Registered No. 23

FULL NAME OF CHILD Anna M Hunschied

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	August 23 1913

FATHER		MOTHER	
FULL NAME	William Hunschied	FULL MAIDEN NAME	Anna Dolle
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

Filed Aug 23 1913 C H Scott

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 15-C—Rev. 8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF [redacted]

County of

RESIDENCE

BIRTHPLACE

AGE AT LAST

AGE

753225-034215

Form V. S. No. 11-C—20m-6-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 — File No. 15456

No. ____ St.

Primary Registration District No. ____ — Registered No. 24

Hospital ____

FULL NAME OF CHILD Mildred Gelling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 25 1913

	FATHER	MOTHER
FULL NAME	William E Gelling	Hazel Bunge
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	England	Utah
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report

....., 19.....

Filed Aug 25 1913 C. H. Scott

Registrar

8-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

NOV 2 6 1975

DEC 1 6 1975

795.122.03K619.

PLACENTIA DISTRICT

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 15457

No. ..... St.

Primary Registration District No. .....

Registered No. 21

Hospital .....

FULL NAME OF CHILD Victor Gregg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 22 1913

FATHER		MOTHER	
FULL NAME	Rockford C Gregg	FULL MAIDEN NAME	Goldie Warren
RESIDENCE	Heyburn Idaho	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Scott, Physician
(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

Filed Aug 22 1913 O H Scott
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-18-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 16 1963

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

County of Ada.

City of Ada

No ....., ... St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No .....

File No. 15458

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Jessie June Ragsdale.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
F.				yes	June (Month) 8 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas M. Ragsdale.	Josephine Barlow.
RESIDENCE	Ada	Ada
COLOR	W.	W.
AGE AT LAST BIRTHDAY	37 (Years)	32 (Years)
BIRTHPLACE	Kans.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Yaney M.D.

(Physician or Midwife)

Given names added from a supplemental report

June 8. 1913

J. C. Mingle Registrar

Address Ada

Filed June 8 1913

J. C. Mingle Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 19 1946

RESERVATION FOR BIND

UNLOADING-TIME ▲ PER

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

13-001-249

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15459

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maxine Angeroth

Sex of Child: F.	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes.	Date of birth: March 13, 1913 (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	William J. Angeroth	FULL MAIDEN NAME	Mabel Alice Smith
RESIDENCE	Eagle	RESIDENCE	Eagle.
COLOR	W.	AGE AT LAST BIRTHDAY	39 (Years)
COLOR	W.	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 10 a. M. on the date above stated.

(Signature) J. E. Mangle M. D.

(Physician or Midwife)

Address Star.

Filed Mar 13 1913

J. E. Mangle Asst. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Mar 13, 1913

J. E. Mangle Asst. Registrar

17326

When there was no attending physician or
e, then the father, householder, etc.,
make this return. A stillborn child is
at neither breathes nor shows other evi-
of life after birth.

mes added from a supplemental report.

....., 192.....

(Signature) _____

_____

(Physician or midwife)

Address _____

699.24.004.212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Star

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No ____ File No. 15460

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Eleanor Estes Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	March 14 1913

	FATHER	MOTHER
FULL NAME	Darl Wellas Wright	FULL MAIDEN NAME Lottie Fay Baker
RESIDENCE	Star	RESIDENCE Star
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Naugle M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

March 14 1913

J. E. Naugle

Registrar

Filed March 19 1913

J. E. Naugle

Registrar

SYMS - YORK CO., PTRS. & BORS 17326

PLACE OF BIRTH

Ida.

JUL 5 1972

55/113.09.23

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a separate return must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registrar's District No. ____ File No. 15461

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Donald Austin Evans.

Sex of Child: M.	Twin, Triplet or other? (To be answered only in event of plural birth): and	Number in order of birth:	Multiple birth: Yes
Date of birth: May 13 (Month) (Day) 1913 (Year)			

FATHER	MOTHER
FULL NAME: G. G. Evans.	Ruth Bates
RESIDENCE: Star	Star
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: ____ (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9.00 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Naugle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

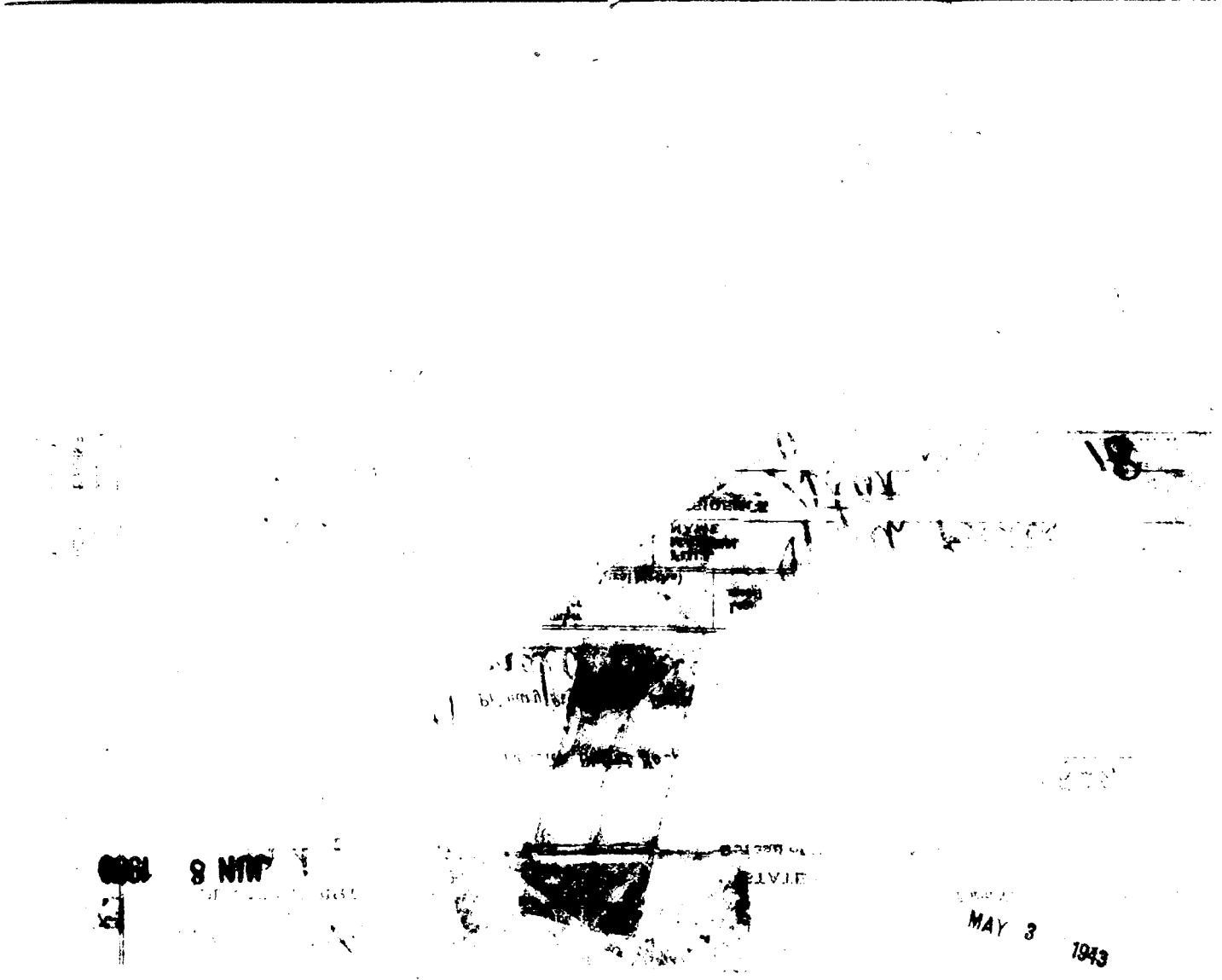
May 13, 1913

Filed May 1913

J. E. Naugle Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826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Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Star

No _____, _____ St.

Hospital _____

Registration District No _____ File No. 15462

Primary Registration District No _____ Registered No. _____

FULL NAME OF CHILD Gertrude Mae Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				yes	May 14 1913

FATHER		MOTHER	
FULL NAME	Ruben Ellsworth Shaw	FULL MAIDEN NAME	Phila Mae Wetherby
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Manager lumber Co.	OCCUPATION	Housewife

Number of child of this mother including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Nayle M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

May 14 1913

J. E. Nayle Registrar

Filed May 14 1913

J. E. Nayle Registrar

SYMS - YORK CO., PTRS. & ENDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JUL 18 1967

219.123.0947

PLACE OF BIRTH

County of Ada

City of Meridian

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 15463

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Twin	and	1	Yes	May 23, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. T. Barber	FULL MAIDEN NAME	Lydia Masters
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:07 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Mangle M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 19 13 C. L. Dutton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

219.123100-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

*No*_____, _____ *St.*

Hospital _____

*Registration District No*_____ **File No.** 15464

*Primary Registration District No*_____ **Registered No.**_____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	twin	2.	yes	May 23 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. T. Barber	Lydia Masters
RESIDENCE	Meridian	Meridian
COLOR / AGE AT LAST BIRTHDAY (Years)	W. / 40	W. / 37
BIRTHPLACE	Kansas	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) J. S. Naugle M. D.

(Physician or Midwife)

Address Meridian

Filed June 19 13 C. L. Dutton *Registrar*

SYMS - YORK CO., PTRS. & BDRS 17326

CERTIFICATE OF BIRTH

STATE OF IDAHO

697-264-00A-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ....., ... St.

Registration District No ..... File No. 15465

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ermine Urgisa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	June 4 1911

FATHER		MOTHER	
FULL NAME	Ermine Urgisa	FULL MAIDEN NAME	Anna Kent
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Spain	BIRTHPLACE	Idaho
OCCUPATION	Sawmill laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Naugle M.D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed June 13 19 13 C. W. Hall

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

275-124-040-244

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Registration No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

16466

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2109

File No. .....

Registered No. .....

FULL NAME OF CHILD Charles William Spekker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 24 1913

FATHER		MOTHER	
FULL NAME	Clay Spekker	FULL MAIDEN NAME	Minnie Sumner
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho.
OCCUPATION	Teamster	OCCUPATION	Home Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Beck

Physician (Physician or midwife)

Address Burke Idaho.

Given names added from a supplemental report

..... 19.....

Filed Aug 2 1913 Dr. Chas. A. Whitman

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

355·126·040-993

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Black Bear

No. ____ St.

Hospital ____

Registration District No. 25 File No. 15467

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD George Eldon Lemieux

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 26 1913

FATHER		MOTHER	
FULL NAME	Ned Lemieux	FULL MAIDEN NAME	Mary Rickard
RESIDENCE	Black Bear, Ida.	RESIDENCE	Black Bear, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Canada	BIRTHPLACE	England
OCCUPATION	Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. G. Geer

Physician (Physician or midwife)

Address Burke, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 2 1913 D. Chas. C. D. Truman

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of FEB 3-4 1954

599.124.040.168

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 15468

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD John Roy Ericksson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 24 1913

FATHER		MOTHER	
FULL NAME	Wm Ericksson	FULL MAIDEN NAME	Ida Sofia Johnson
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Cook

Physician (Physician or midwife)

Address Burke, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 2 1913 A. Chas. C. Wilson

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 7, 1941. E.W.

255-2041040-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. [redacted] Suburb

Registration District No. 25

File No. 15469

Primary Registration District No. 2109

Registered No.

Hospital

FULL NAME OF CHILD Boy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	2	yes	July 4 1913

	FATHER	MOTHER
FULL NAME	Edward Dagg	FULL MAIDEN NAME Helen Matthay
RESIDENCE	Wallace Ida	RESIDENCE Wallace
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE Switzerland
OCCUPATION	Saloon	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 10 00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

.....19.....

Filed July 10 1913 W. Chas. A. Pettman

.....
Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 3 0 1972

523.115.040618

PLACE OF BIRTH

County of Shoshone

City of Mace

No. main St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15470

Primary Registration District No. 2109 Registered No.

FULL NAME OF CHILD Eschbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	4	Yes	Jul 15 1913

	FATHER	MOTHER
FULL NAME	Philip Eschbach	FULL MAIDEN NAME Emma Baumgartner
RESIDENCE	Mace Ida	RESIDENCE Mace Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Minnesota
OCCUPATION	Miner	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician (Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report

....., 19.....

Filed July 21 1913 W. Chas. E. Hartman

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of [illegible])

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH.

Form V. S. No. 17-C—20m-2-18-[illegible]

MARGIN RESERVED FOR BIN

[illegible] WITH [illegible]

415-115-040-75

[redacted]

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

...ATE OF IDAHO
...OF VITAL STATISTICS

County of Shoshone ...TIFICATE OF BIRTH

City of St Prisco Registration District No. 25 File No. 15471

No. ..... St. Primary Registration District No. 2109 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lee Edward Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	2	yes	July 15 1913

	FATHER	MOTHER
FULL NAME	Robert Davis	FULL MAIDEN NAME Flora Genzsch
RESIDENCE	Prisco Ida	RESIDENCE Prisco Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Nor Car	Mo
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howard

Physicians
(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 21 19 13 D. Chas A Dittman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 21 1955

NOV 30 1972

855-22-0807 42

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital ~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15472

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Master Hendry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	2nd	yes	July 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Hendry	Dora Linton
RESIDENCE	Mace Idaho	Mace Idaho
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora Mowery

(Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1 1913 Dr. Chas. L. Dettman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Mo.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

293.113.040-762

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

15473

County of Shoshone

City of Mullan

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2108

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ John Kittila

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 13 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aro ~~Kittila~~ Kittila	Emma Pesonen
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	Hse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed July 15 19 13 D. Chas E. Dillman

Registrar

8-Y CO. 20174

This report put in P.O. for Dr Dillman at 8 00 P.M. 7/14/13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1942

JAN 26 1956

MAR 27 1956

DEC 31 19[illegible]

JUN 4 1956

955-111-040-413

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15474

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Roy Neal Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	1	Yes	6 11 1913

FATHER	MOTHER
FULL NAME Dan Reese	FULL MAIDEN NAME Dora Mackey
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Teamster	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) J. R. Mason.

(Physician or midwife)

Address .....

Filed Aug 19 13 D. Chas. C. Dillman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1960

JUN 16 1942

554-228-040-355

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg — Registration District No. 25 — File No. 15475

No. ____ St. — Primary Registration District No. 2105 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Louis Lee Endsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2	Yes	7 28 1913

FATHER	MOTHER
FULL NAME James R. Endsley	FULL MAIDEN NAME Sarah Lee.
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Iowa.
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 4 1913 H. Chas. A. Dillman
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

(County of)

FEB 11 1955

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-15-52

212-221-040-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15476

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Katherine Bakovich.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	2	yes	7 21 1913

FATHER		MOTHER	
FULL NAME	Steve Bakovich	FULL MAIDEN NAME	Katherine Pelric
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was D. R. Mason alive at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 4 1913 D. Chas. C. Dittman
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—2m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

843-219-040-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—60m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15477

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Hull.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.	/	/	Yes	6 / 19 / 1913

FATHER	MOTHER
FULL NAME Warren K. Hull	FULL MAIDEN NAME Alta C. Haddock
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ind	BIRTHPLACE Canada
OCCUPATION Dentist	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed August 19 13 Jno. A. G. Hoffman

..... Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 1140—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 16 1943

DEC 5 1941

381-125-0[illegible]-433

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15478

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD EDWARD MAC Champagne.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	yes	7 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed Champagne	Emma McLeod
RESIDENCE	Kellogg	Kellogg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Canada	Canada
OCCUPATION	Coal Labor.	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2,30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 4 19 13 D. Chas. C. Dettman
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

15478

State of ..... } ss.
County of ..... }

DEC 20 1941

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mack Champagne	Edward Mac Champagne

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Emma [illegible] Champagne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

612 Toole, Missoula, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of December, 1941

Notary Public, residing at Missoula Mont
My commission expires May 12 1945
[SEAL]

Signed Thomas F. Ryan.
(Signature of any credible person other than the previous affiant.)

612 Toole Missoula, Mont.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 23 1941

695-205-040-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

U. S. No. 11-C—40m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 15479

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Mary Lilly Oresnik

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	2	yes	7 25 1913

FATHER	MOTHER
FULL NAME Jo Oresnik	FULL MAIDEN NAME Lilly Munson.
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 5 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Munson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 4 19 13 W. Chas. C. Witham

8-Y CO. 20174 Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

269.101-040-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 25 File No. 15480

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Delsmonta Duncan Boro

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	January 1 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Arthur Boro	FULL MAIDEN NAME	Mary E. Christofferson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 8 1913 D. Clark Wilson Registrar

6-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1908

DECEASED

396423.040-669

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 File No. 15481

No. ..... St.

Primary Registration District No. 2105 Registered No. .....

Hospital Wardner

FULL NAME OF CHILD Ralph Kenneth Troyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	July	23	1913

FATHER		MOTHER	
FULL NAME	Frank Marion Troyer	FULL MAIDEN NAME	Grace Leota Forgey
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Machinist	OCCUPATION	Home-mkr

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex Du Graham
M. D.
(Physician or midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 2 19 13 Dr. Chas. L. Pettman
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

255.124

[redacted]

PLACE OF

County of Sha

City of Kellogg

No. ____ St.

Hospital ____

Form V. S. No. 11-C—30m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75

File No. 15482

Primary Registration District No. 2105

Registered No. ____

FULL NAME OF CHILD (Mervin) (Bateman) Keefer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Henry Keefer	Mattie Inga Lien
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 26
BIRTHPLACE	Pennsylvania	Norway
OCCUPATION	Miner	Home-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. M. Graham M. D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 2 1913 W. Chas. A. Dettman

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1962

[redacted]

Dupe of 1913-17912

256-208- [redacted] 19

PLACE OF B[redacted] BUREA[redacted] IDAHO STATISTICS

Form V. S. No. 11-C—20m-2-15-13

OF BIRTH

County of Shosh[redacted]

City of Murray

No. ..... St.

Hospital .....

Registration District No. 35 File No. 15483

Primary Registration District No. 2103 Registered No. .....

FULL NAME OF CHILD Mary M. Semenza

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		5	L	July 8th 1913

FATHER		MOTHER	
FULL NAME	Bart Semenza.	FULL MAIDEN NAME	Lena Barati.
RESIDENCE	Murray	RESIDENCE	Murray
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. Lesher

Physician

(Physician or midwife)

Address Kellogg. Idaho

Given names added from a supplemental report

..... 19.....

Filed July 15 1913

.....
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-21-0454

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O [redacted]

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15484

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rose Genevieve Phillips

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	X		X	yes.	4 / 13 / 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. D. Phillips	FULL MAIDEN NAME	Elizabeth Unsworth
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Electrician, O.S.L. R.R.	OCCUPATION	House-wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. A. A. Kellogg M.D.

Physician (Physician or midwife)

Address Nampa Ida

Filed Aug 5 1913 S. D. Calvert

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 25 1966

PLACE OF BIRTH Amended May 16, 1960

314.215-014-854

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St. Registration District No. ____ File No. 15485

Hospital ____ Primary Registration District No. 7 Registered No. ____

FULL NAME OF CHILD Idona Dollie Caddy

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 15, 1913

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	C. H. Caddy	FULL MAIDEN NAME	Addie Hembree
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Nampa, Idaho

(Physician ~~or midwife~~)

Address ____

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Aug 5 1913 S. D. Calenge
Registrar.

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7yrs months 7 mo days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 7 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Idona Dallie Caddy

5. Date of Birth of Child (Month, day, year) 1913, 12 Jan

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 month Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charley Henry Caddy
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business Blacksmith.

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Viola Hembree
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Hartsvill (City or town) Mo. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. ~~Number of children~~ of this ~~mother~~: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Addie A. Caddy (First name) (Last name) who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Geo. Ada Kellogg M.D. ~~Midwife~~ Address Nampa, Date Idaho.

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy of School Record of Age issued May 16, 1960
Fred W. Anderson. Co. Supt. of School, School Dist. #34, Canyon County, Ida
gives name as Idona Caddy , age given as 11 on October 1924, month of
birth January 15. viewed by V.S.
Own child's birth certificate, Idaho #194663, gives name as Idona Dolly
Caddy.

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Canyon)

DR. GEORGE O. A. KELLOGG, Being first duly sworn upon his oath deposes and says:

That he is over the age of twenty-one years, a resident of Nampa, Canyon County, Idaho, and a duly licensed and practicing physician and surgeon;

That on January 15, 1913, he delivered a girl child to Mrs. Addie Caddy, the wife of C. H. Caddy, the child being born at the father's home on a rural route outside of Nampa in Canyon County, Idaho;

That through inadvertence, the birth certificate, file #15485, discloses the child was born on February 15, 1913, the child having been born January 15, 1913;

In addition, the birth certificate above referred to is in error as giving the full name of the child as Addie Caddy, the true name being Idona Dollie Caddy.

It is requested that the birth certificate be changed to conform to the within facts of this affidavit.

Dr. Geo. O. A. Kellogg
Dr. George O. A. Kellogg

SUBSCRIBED AND SWORN To before me this 4th day of February, 1960.

Nellie Hatfield
Notary Public in and for the State of Idaho, residing at Nampa, Idaho.

AFFIDAVIT

STATE OF IDAHO)
) ss
County of Canyon)

CHARLIE HENRY, being first duly sworn upon his oath, deposes and says:

That he is over the age of twenty-one years and has been a life-time resident of Nampa, Canyon County, Idaho;

That on January 15, 1913 and for some time prior thereto he was well acquainted with Mrs. Addie Caddy, the wife of C. H. Caddy; that on said date Mrs. Addy Caddy gave birth to a female child, the child being born at the father's home on a rural route outside of Nampa in Canyon County, Idaho;

That affiant knows that said child was christened as and given the name of Idona Dollie Caddy, and not the name of Addie Caddy, as shown in her birth certificate;

This affidavit is being given by affiant for the purpose of assisting the said Idona Dollie Caddy in making the appropriate changes in her birth certificate to conform the same to the exact date of her birth and to her true, proper and correct name.

Charlie Henry
CHARLIE HENRY

SUBSCRIBED AND SWORN to before me this 5th day of February, 1960.

Notary Public for Idaho
Residence: Nampa, Idaho

MAY 1 7 1960
APR 23 1965

465-126-OX-493

PLACE OF BIRTH

County of Canyon

City of Idaho.

No. 2 mi north *St.*

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Registration District No. _____ **File No.** 15486

Primary Registration District No. 7 **Registered No.** _____

FULL NAME OF CHILD Marshall Miller Donoles.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	yes.	4 / 26 / 1913

	FATHER	MOTHER
FULL NAME	Casey Ellsworth Donoles	Victoria Opal Miller
RESIDENCE	Ramsey Ida.	Ramsey Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY	31 (Years)	21 (Years)
BIRTHPLACE	Keene Illinois	Flat Rock Illinois
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. McCallum M.D.

(Physician or ~~midwife~~)

Address [illegible]

Filed Aug 12 1913 [illegible] Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1957

FEB 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Cass

City of Logansport

Registration District No. _____ File No. 15487

No. 6th Ave, Bet 3rd & 4th St.

Primary Registration District No. 7 Registered No. _____

Hospital x

FULL NAME OF CHILD x

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	x	x	yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	A N Goff	FULL MAIDEN NAME	Rosa M Hennigen
RESIDENCE	Logansport Ind	RESIDENCE	Logansport Ind
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ill
OCCUPATION	Boy St. Shop	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A N Goff
Father of child
(Physician or midwife)

Address Logansport Ind

Filed Aug 4 1913 J D Colvin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

DUP OF 1913 D 53-364

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Eagle

Registration District No. _____ File No. 15482

No. R.F.D. No. 1 St.

Primary Registration District No. 7 Registered No. _____

Hospital X

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Aug 3 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. E. Allen	Clarice Smith
RESIDENCE	Eagle Ida R R No 1	Eagle Ida R R No 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Murray

Physician Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report

_____ 19 _____

Address Nampa Ida

Filed Aug 14 19 3 B. D. Calvert
Registrar

_____
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] ST[redacted]

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Nampa — Registration District No. ____ — File No. 15469

No. 409 19 Bass St. — Primary Registration District No. 7 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Louise Elizabeth Lillard

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl	X	X	Yes	Aug	4	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Lillard	FULL MAIDEN NAME	Frances Longdon
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray, Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 14 1913 P. D. Callaway, Registrar

.....
Registrar

S-Y CO. 20174

MAY 4 1971

625-120-016-642

PLACE OF BIRTH

[redacted] IDAHO

[redacted] Statistics

C[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Cassia

City of Burley

Registration District No. ..... File No. 15490

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			no	July 20 1913

FATHER		MOTHER	
FULL NAME	Frank Oseto	FULL MAIDEN NAME	Kimi Fushido
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	Japan
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Mrs Hilda Shallman

Midwife

(Physician or Midwife)

Address Burley Ida.

Filed July 19 13 L B Stidolph

(Registrar)

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

962-221-016-961

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. _____ File No. 1549

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vada Mae Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 21st 1913

FATHER		MOTHER	
FULL NAME	W. E. Robinson	FULL MAIDEN NAME	Mae Roach
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 19 13 L B Stuckslager

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 2 9 1944

PLACE OF BIRTH

City of

AUG 1 5 1974

APR 3 1975

817-209-016-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No ____ File No. 15495

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Grace Lannette Haxby

Grace Lannette Haxby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	July 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christopher Columbus Haxby	Sadie Denlinger
RESIDENCE	Burley	Burley
COLOR / AGE AT LAST BIRTHDAY (Years)	White 27	White 22
BIRTHPLACE	Dubuque Co Iowa	Illinois Co Iowa
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Registrar

(Signature) J. A. Hunt

(Physician or Midwife)

Address Burley Ida

Filed July 19 13 L. B. Strickslager Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Certified Copy issued Jan. 29, 1941. E.W.

213 [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. D-8-7-11

County of Cassia

City of Burley

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15496

No. _____ St.

Hospital Residence Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ruth Bateman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5	Yes	July 20 1913

	FATHER	MOTHER
FULL NAME	George A Bateman	Ivy Garrick
RESIDENCE	Burley Ida	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	West Jordan Utah	West Jordan Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Mueller

Physician

(Physician or Midwife)

Address _____

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 19 13 L B Barkdoll

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

[illegible] 6-029-[illegible]

County of [illegible]

City of Juliaetta

Registration District No. 2127 [illegible] File No. 15497

No. ____ St.

Primary Registration District No. 2127 Registered No. ____

Hospital ____

FULL NAME OF CHILD Rachael Irene Hollingsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				June 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest P. Hollingsworth	Etta F. Warner
RESIDENCE	Caribel, Idaho	Caribel Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Kansas	Michigan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe M.D. (Physician or midwife)

Address Juliaetta Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed June 17 1913 S. A. Roe Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-215-007-2-9

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF ID[illegible]
BUREAU OF VITAL [illegible]

Form V. S. No. 11-C—20m-9-15-12

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15498

Primary Registration District No. 2072 Registered No. 72

FULL NAME OF CHILD Ora Eloise Bilbao

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 15 1913

FATHER	MOTHER
FULL NAME Simon Bilbao	FULL MAIDEN NAME Gregoria Barrenechoa
RESIDENCE Hailey	RESIDENCE Hailey
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheepherder	OCCUPATION HW

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6.30 A. M. on the date above stated.

(Signature) W Klemman

(Physician or midwife)

Address .....

Filed July 25 1913 Robert L. Wright
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF
BUREAU OF VITAL

CERTIFICATE OF BIRTH

PLACE OF BIRTH

165-123-007-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Glendale

Registration District No. 21 File No. 15499

No. ..... St.

Primary Registration District No. 2022 Registered No. 73

Hospital .....

FULL NAME OF CHILD Russell W. Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy	✓	2	Yes	July	23	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville Jones	FULL MAIDEN NAME	Gertrude Morland
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD
J Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 1 19 13 Robert H. Wright
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

294-115-007-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15500

Primary Registration District No. 2075 Registered No. 74

FULL NAME OF CHILD no name Lorin William Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	July 15 1913

FATHER

FULL NAME: Ray Simpson

RESIDENCE: Carey Idaho

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Utah

OCCUPATION: rancher

MOTHER

FULL MAIDEN NAME: Nellie Wild

RESIDENCE: Carey Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raap (Physician or midwife)

Address Hailey

Filed July 20, 1913 Robert L. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Own child's Birth cert. #390691, shows name as Lorin William Simpson, viewed by V.S.
Certificate of Ordination, ordained December 13, 1934, L.D.S., viewed by V.S.
gives name as Lorin William Simpson.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15500

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Simpson (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1913 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Simpson	Lorin William Simpson

Subscribed and sworn to before me this 3 day of
June, 1959.

Notary Public, residing at Eagle, Idaho
My commission expires Sept 28 1960
(Seal)

Signed Lola E. Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1654 Rembart Dr. Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

COPY

JUL-1 1959

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Hailey — Registration District No. 21 — File No. 15501

No. ____ St. — Primary Registration District No. 2022 — Registered No. 75

Hospital ____

FULL NAME OF CHILD [redacted] DOROTHY QUELLA SEAGRAVES

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 16 1913

FATHER	MOTHER
FULL NAME Isral Seagraves	FULL MAIDEN NAME Hilda Haywood
RESIDENCE Hailey	RESIDENCE Hailey
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE North Carolina	BIRTHPLACE wyoming
OCCUPATION rancher	OCCUPATION housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raof (Physician or midwife)

Address Hailey

Given names added from a supplemental report

....., 19.....

Filed July 20 19 13 Robert L. Wright Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

195-402-007294
PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-C-[illegible]11

County of Blaine

City of Moore

Registration District No. 21

File No. 15502

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 68

Hospital ____

FULL NAME OF CHILD David Reese King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	℞	X	Yes.	July 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Reese King.	Cora E. Tidd
RESIDENCE	Moore.	Moore.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	26
BIRTHPLACE	Utah.	Tenn.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthais

Physician

(Physician or Midwife)

Address Utraw, Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 10 19 13 Robert H. Wright

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619-106-007-438

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 15503

Primary Registration District No. 2024 Registered No. 69

FULL NAME OF CHILD Leroy Waite

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X	X	yes.	July 6 1913

FATHER		MOTHER	
FULL NAME	George Waite	FULL MAIDEN NAME	Sarah Anne Savannah McKeen
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48.	AGE AT LAST BIRTHDAY (Years)	35.
BIRTHPLACE	Utah.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Fourth. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) D. W. Matthews M.D.
Physician
(Physician or Midwife)

Address Arco Ida.

Filed July 10 1913 Robert H. Wright
Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 3 1974

238-125-007-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 15504

Primary Registration District No. 2022 Registered No. 70

FULL NAME OF CHILD Oscar Edgar Schaufelberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	✓	One	Yes	June 25 1913

FATHER	MOTHER
FULL NAME: Oscar H. Schaufelberger	FULL MAIDEN NAME: Beatrice Wing
RESIDENCE: Bellevue	RESIDENCE: Bellevue
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Idaho
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

J. Bellevue (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 15 19 13 Robert H. Wright Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1963

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 21 10 27 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15504

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Oscar Schaufelberger (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1913 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Middle name ommited	Oscar Edgar

Subscribed and sworn to before me this 21st day of July, 1975

Notary Public, residing at Boise

My commission expires 2-17-79

(Seal)

Signed Edgar Notary Schaufelberger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1803 Le Arcadia Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 1975

Notary Public, residing at Boise

My commission expires 2-17-79.

(Seal)

Signed Margaret Schaufelberger

(Signature of Any Credible Person)

1803 Le Arcadia Boise, Idaho

(Street Address, City, State)

FORM DH 60-155

Social Card issued December 10, 1936 shows name as O. Edgar Schaufelberger
S.S.#518-07-2703 Viewed by V.S. (7/18/75)

JUL 21 1975

Own child's birth certificate issued March 13, 1946 shows Father's name as Oscar Edgar Schaufelberger. Child born Mar.12,1946 in Idaho. S.F.#417953. Viewed by V.S. (7/18/75

253-124-007735

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 15505

Primary Registration District No. 2022 Registered No. 71

FULL NAME OF CHILD Edwin Earl Kelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	4	yes	July 24 1913

FATHER		MOTHER	
FULL NAME	H. H. Kelley	FULL MAIDEN NAME	Ana Gleed
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Pa.	BIRTHPLACE	Montana
OCCUPATION	Jeweler	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12. 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 30 1913 Robert L. Wright Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

497-116-607-789

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 15506

No. ____ St.

Primary Registration District No. 2021

Registered No. 76

Hospital

FULL NAME OF CHILD Ross Everett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett Farmer Hunt	Kattie Adelia Shipman
RESIDENCE	Hailey Ida.	Hailey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	38 (Years)
BIRTHPLACE	Will Co. Ill.	Et Lake City Utah
OCCUPATION	Farming	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. L. B. Howard

Midwife
(Physician or Midwife)

Address Hailey Ida.

Filed July 26, 19 13 Robert L. Wright
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, with the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

693.108.007.271

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

FULL NAME OF CHILD James Harris Wilde

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 15507

Primary Registration District No. 2026 Registered No. 77

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	July 8 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Emanuel Wilde	FULL MAIDEN NAME	Betsey Slaughter
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Coal Hill Utah	BIRTHPLACE	Birmingham Eng.
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Address Hailey Ida.

Filed July 15 1913 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16660

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

713. 113. 007. 176

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2025

File No. 15508

Registered No. 78

FULL NAME OF CHILD Fred Earl Patterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James W. Patterson	FULL MAIDEN NAME	Jennie Lavern Attwood
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. E. B. Howard

Midwife

(Physician or Midwife)

Address Carey Idaho

Filed July 20 19 13 Robert H. Wright

Registrar

S-Y CO., 16689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

9-11-9

385-28:007-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V.S. No. 11-C—15m-6-20-13

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15509

Primary Registration District No. 2022 Registered No. 79

FULL NAME OF CHILD Leroy Harvey Lynch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 28, 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George H. Lynch	FULL MAIDEN NAME	Mary B. Brown
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stock man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 1 19 13

..... Registrar

S-Y CO., 16670

..... Registrar

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

JUN 12 1942

PLACE OF BIRTH

[redacted]

(County of

168-105 014 957

PLACE OF BIRTH

of Oregon

City of Fruitland

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

Registration District No. 51 File No. 15510

No. ____, ____ St.

Primary Registration District No. 2130 Registered No. 2

Hospital ____

FULL NAME OF CHILD Clayton Roy Johnson.

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Aug 5 1913

FATHER		MOTHER	
FULL NAME	Edgar E. Johnson.	FULL MAIDEN NAME	Lucy L. Ingram.
RESIDENCE	Fruitland.	RESIDENCE	Fruitland
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo. Carolina	BIRTHPLACE	Mo.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Whitney

(Physician or Midwife)

Given names added from a supplemental report

Clayton Roy Johnson, 1913

Address Ontario - Ore.

Christine Wright Local Registrar

Filed Aug 12 1913. Christine Wright Local Registrar

S-Y CO., 166/0

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

JUN 2 6 1974

692- 201-084-381

PLACE OF BIRTH

Amended 6-13-56

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 51 File No. 15511

Primary Registration District No. 2130 Registered No. 3

FULL NAME OF CHILD LOUIDA MERLE FISHER

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	September 1, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Grant Fisher	FULL MAIDEN NAME	Lillie D. Chamberlain
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Indiana	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

(Physician or midwife)

Address Fruitland, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Sep. 10 1913 Crispin Wright

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 8 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Payette } ss.

Certificate No. 15511

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frida Merle Fisher (Name on Original Certificate) who was born (Was Born or Died) on September 1, 1913 (Date of Event)
in Fruitland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate Kansas #229-4502 (Bible Record, Insurance Policy, Etc.) prepared on May 22, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Frida Merle Fisher	Louida Merle Fisher

Subscribed and sworn to before me this 11th day of May, 1956

Notary Public, residing at Fruitland Ida
My commission expires Sept 21 - 1958
(Seal)

Signed Alma Stromberger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette - Ida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1956

Notary Public, residing at Fruitland Ida
My commission expires Sept 21 - 1958
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible] Fruitland, Idaho
(Street Address, City, State)

FORM DPH 55. 155

219-205-014 643

PLACE OF BIRTH

County of Canyon

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-9-15-12

CERTIFICATE OF BIRTH

Registration District No. 51 File No. 15512

Primary Registration District No. 2130 Registered No. 4

FULL NAME OF CHILD Ada Mae Barnard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	yes	Dec. 5-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E. Barnard	Rozella Fuller
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	[redacted] Dale Iowa	Salem Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 1. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M.D.

Twin Falls, Ida.
(Physician or midwife)

[redacted] supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sep. 10 1913 Crispin Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U.C.—20m-3-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] 556-B4-031-242

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Registration District No. 48 File No. 15513

Primary Registration District No. 2127 Registered No. 10

FULL NAME OF CHILD Frank Newton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8-24-1913

FATHER		MOTHER	
FULL NAME	Orlando Newton	FULL MAIDEN NAME	Bertha Bublitz
RESIDENCE	Forest, Idaho	RESIDENCE	Forest.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 10A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-25-1913 Elton P. Rogers Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

AUG 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-216-031-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Winchester

Registration District No. 48 File No. 1551 4

No. ..... St.

Primary Registration District No. 2127 Registered No. 9

Hospital .....

FULL NAME OF CHILD Helen Lyford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	8-16-1913

FATHER	MOTHER
FULL NAME George A. Cummings	FULL MAIDEN NAME Daisy Bell Goff
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Washington	BIRTHPLACE Ida
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 8- ..... 1913 Elton B. Rogers Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 1-0—Rev. 7

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

393-2[illegible] 316

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St.

Hospital ____

Registration District No. 97 File No. 15515

Primary Registration District No. 2174 Registered No. ____

FULL NAME OF CHILD Unnamed Tilden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		5	Yes	Aug 25 1913

FATHER	MOTHER
FULL NAME Sam Tilden	FULL MAIDEN NAME Emy Lawyer
RESIDENCE Spalding	RESIDENCE Spalding
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Nez Perce Co Ida.	BIRTHPLACE Nez Perce Co
OCCUPATION Farmer	OCCUPATION ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Brandstetter M.D.

Physician (Physician or midwife)

Address Lewiston Ida.

Given names added from a supplemental report

Aug 25 1913

John M Alley Registrar

Filed Aug 1913 Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLAC

Form V.S. No. 11-C- 6m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-402-10 [illegible]

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ____

File No. 15517

No. ____

Primary Registration District No. 7

Registered No. ____

Hospital ____

Died (8-6-13)

FULL NAME OF CHILD ____

Sex of Child Fem

Twin, Triplet or other? ✓ and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Augr (Month) ____ (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Thos Maxwell	Gladys Freeman
RESIDENCE	Nampa Ida	Do
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	20 (Years)
BIRTHPLACE	N C.	Neb.
OCCUPATION	Teamster	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.D. Calonge MD

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed Augr 19 13 D.D. Calonge

Registrar

Registrar

8-Y CO. 20174

This child was born with
bifid spine (Lumbar region)
absence of articulation
at knee and double
talipes equino varus
[redacted] because of extent of
spinal malformation I
do not think it possible
for child to live more
than a few days.

S. D. Calaway M.D.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

386-11-4-61-4-2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15.

CERTIFICATE OF BIRTH

Registration District No. ✓ File No. 15518

Primary Registration District No. 7 Registered No. ✓

FULL NAME OF CHILD ✓

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	No	✓	Yes	July 4 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm R Thompson	Dora Grey
RESIDENCE	Nampa Ida	Do
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 34
BIRTHPLACE	Ill.	Mo
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calonge

Nampa Ida (Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

.....
Registrar

Filed July 4 1913 P. D. Calonge
Registrar

R-Y CO. 20174

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-129-014-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 15519

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	W	✓	Yes	July 29 1913

FATHER	MOTHER
FULL NAME Russel Brackus	FULL MAIDEN NAME Stella Brainard
RESIDENCE Near Nampa Ida	RESIDENCE Do
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Ia.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 29 19 13 D. D. Calonge
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

864-114014-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St. ✓

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 15520

Primary Registration District No. 7 Registered No.

FULL NAME OF CHILD Infant Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	✓	Yes	July 4 1913

FATHER		MOTHER	
FULL NAME	Geo E Young	FULL MAIDEN NAME	Anna Linn
RESIDENCE	Near Nampa	RESIDENCE	Do.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P.M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calaway M.D.
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7/14 1913 S. D. Calaway
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

533-182-214-797

Form V.S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital ✓

Registration District No. _____ File No. 1552

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD ELMER JAMES ELLSWORTH ✓

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	✓	Yes	July 12th 1913

FATHER		MOTHER	
FULL NAME	Wm Ellsworth	FULL MAIDEN NAME	Barbara Caplen
RESIDENCE	Nampa Ida	RESIDENCE	Do.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mich		38
OCCUPATION	Engineer	BIRTHPLACE	Germany
		OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calouge M.D.

Nampa Ida (Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 21 1913 P. D. Calouge Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Clackamas } ss.

Certificate No. 15521

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Ellsworth (Name on Original Certificate) who born (Was Born or Died) on July 12 1913 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Feb. 12 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elmer James Ellsworth
Date	July 21st	July 12th, 1913

Subscribed and sworn to before me this 19th
day of June, 1942

Notary Public, residing at Milwaukie Ore

My commission expires Aug 13 - 1943
(Seal)

Signed Barbara Ellsworth mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7932 SE 45th Ave, Portland, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Clackamas } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of June, 1942

Notary Public, residing at Milwaukie Oregon

My commission expires
(Seal)

Signed Victor a Pfeifer.
Step Brother
(Signature of Any Credible Person Other Than Previous Year)

7932 SE 45th St, Portland, Ore.
(Street Address, City, State)

JUN 25 19[illegible]

APR 17 1951

MAR 20 1952

JUN 29 1942

JAN 12 1943

191-226-a & 231

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. B-C-20m-6-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1st St S. But 10th & 11th Ave

Registration District No. 7

File No. 15522

Primary Registration District No. 7

Registered No.

Hospital X

FULL NAME OF CHILD Rosa Azevedo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	Yes	July 26 1913

FATHER		MOTHER	
FULL NAME	John Azevedo	FULL MAIDEN NAME	Mary Blastegues
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Portugal	BIRTHPLACE	Spain
OCCUPATION	Stock Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8/2 1913

P. D. Calouge
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

168-102-014-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Kuna B.F.D. No. 1 — Registration District No. 4 — File No. 15523

No. ____ St. — Primary Registration District No. 7 — Registered No. ____

Hospital ^

FULL NAME OF CHILD ^

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	^	^	yes	Aug 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. C. Johnson	Maggie Clark
RESIDENCE	8 Mile S.E. of Nampa	8 Mile S E of Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	39
BIRTHPLACE	Texas	Arkadelphia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8/2 1915 D. D. Calonge
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form S. No. 190-A

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

354-21:01X-168

PLACE OF BIRTH

County of Canyon

City of ____

No. ____ St.

Hospital ____

Form S. B. No. 11-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15524

Primary Registration District No. 2009 Registered No. ____

FULL NAME OF CHILD Cruell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Aug 17 1913

FATHER		MOTHER	
FULL NAME	W. J. Cruell	FULL MAIDEN NAME	Jennie Johnson
RESIDENCE	Nr. Plymouth R. F. D.	RESIDENCE	With Husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	56
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address Nr. Plymouth Ida

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale
Registrar

Filed Aug 19 13

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form S-6, No. U-C-20m-54

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

646-206-01K-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nr Plymouth R 7d.

Registration District No. 5 File No. 15525

No. St.

Primary Registration District No. 2009 Registered No.

Hospital

FULL NAME OF CHILD Marguirite Elizabeth O'Donnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Yes	aug 6 1913

FATHER		MOTHER	
FULL NAME	Charles O'Donnell	FULL MAIDEN NAME	Margaret Castlus
RESIDENCE	Nr Plymouth R 7d	RESIDENCE	Nr Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 17 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Address Nr Plymouth Ida.

Given names added from a supplemental report

19

Wm T. Drysdale.
Registrar

Filed aug 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

666-217014-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett — Registration District No. 2010 — File No. 15526

No. ____ St. — Primary Registration District No. 1010 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Neva Woody

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	##	##	yes	9 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emmett Woody	Myrtle Williams
RESIDENCE	Sweet Ida.	Emmett Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Ida.	Utah
OCCUPATION	Rancher	Hw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed 10-8 1913 J. L. Reynolds
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(County) Oneida

RESIDENCE

Sweet 18.

AGE AT LAST BIRTHDAY (Years)

COLOR W

BIRTHPLACE

18a.

791-221-014-553

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 2010 **File No.** 15527

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Aileen Grant

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	GG (To be answered only in event of plural births)	**	yes	9 – 21 1913

FATHER		MOTHER	
FULL NAME	Chas H. Grant	FULL MAIDEN NAME	Inez Nelson
RESIDENCE	W. Emmett Ida	RESIDENCE	Emmett
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

Filed 10-8- 1913 J. L. Reynolds

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of CANYON

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

853-22-1014-466

PEACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

Registration District No. 2210 File No. 15528

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD AGNES CLARA HELFERT

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	** (To be answered only in event of plural births)	**	Yes	9 24 1913

FATHER

FULL NAME: Josef ~~Jose~~ Helfert

RESIDENCE: Emmett

COLOR: W. AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: ~~Austria~~ Austria

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Clara Moore

RESIDENCE: Emmett

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ida.

OCCUPATION: Hw.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 1.6.8 1913 J. L. Reynolds Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 15528

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for CLARA (Name on Original Certificate) who WAS BORN (Was Born or Died) on 9-24-13 (Date of Event)
in RURAL, CANYON Co., IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clara	Agnes Clara Helfert
Father's name	Jose	Josef Helfert

Subscribed and sworn to before me this 24th day of June, 1942

J. W. Sudan
Notary Public, residing at St Anthony, Idaho,

My commission expires April 1 1943
(Seal)

Signed Clara Moore Helfert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 87 St Anthony Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1942

J. W. Sudan
Notary Public, residing at St Anthony, Ida, P O Box 87

My commission expires April-1-1943,
(Seal)

Signed C C Moore
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)
St Anthony Ida

JUN 25 1942

JUN 2 9 1942

653.22.01.1.551

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15529

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Angela Marie Welchel

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	##		##	yes	9 – 24 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Welchel	FULL MAIDEN NAME	Emma Neal
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida.
OCCUPATION	Photographer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at Y 6.A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.O. Clark MD

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

Filed 10 – 8 1913

..... Registrar

J.V. Reynolds Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Canyon

County of

DUP OF 1913-353269

3/3129-014319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

Registration District No. 2010 File No. 15530

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Kenneth Talbot

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	**	**	**	yes	9 29 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Charles Talbot	FULL MAIDEN NAME: May Carver
RESIDENCE: Emmett	RESIDENCE: Emmett
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kans	BIRTHPLACE: Nebr.
OCCUPATION: Rancher	OCCUPATION: Hw.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.3p A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark MD

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-8-1913 J L Reynolds Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) DENVER

OH

553-222.01X-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

Registration District No. 2010 File No. 15531

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vida Dorothy Nelson

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9-22 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Joseph Christian Nelson	FULL MAIDEN NAME Mary Amanda Johnson
RESIDENCE Falk Ida	RESIDENCE Falk Ida
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR W	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Farming

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 9-22-13 at 4 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-27 1913 J. L. Reynolds Registrar

9-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

213-120-009-513
PLACE OF BIRTH

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

15532

County of Bonner

City of _____ Registration District No. 81 File No. _____

No. _____, _____ St. Primary Registration District No. 21 Registered No. _____

Hospital _____

FULL NAME OF CHILD Paul Rafaele Saccomanno

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Sept 20, 1913

FATHER		MOTHER	
FULL NAME	Joseph Saccomanno	FULL MAIDEN NAME	Anna Maccarato
RESIDENCE	Vicinity Priest River	RESIDENCE	Vicinity Priest River
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Joseph Saccomanno
Father.
(Physician or Midwife)

Address Priest River Idaho

Filed Sept. 9 1913 E. Denton Mc Cash Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

DuPOB 1913-323344

363-20510(1X-)31

Amended 3-18-63

(Be sure the information is complete and accurate)

State File No. 15533

Local Reg. No.

Reg. Dist. No. 2010

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Vera b. (Middle): Clayton c. (Last): Lockett

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 5, (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): Francis b. (Middle): M. c. (Last): Lockett

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Umatilla Co., Ore.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Dora b. (Middle): c. (Last): Stark

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Franklin Co., Kans.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: R. N. Cummings

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Emmett, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-10-1913

20. REGISTRAR'S SIGNATURE: J. L. Reynolds

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 14 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 15533

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lockett (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vera Clayton Lockett
Father's First Name	Francis	Francis M. Lockett
Mother's Maiden Name	Dora Sterr	Dora Stark

Subscribed and sworn to before me this 6 day of
....., 19 6 .....
.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of
....., 19 6 .....
.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
.....
(Street Address, City, State)

FORM DH 60-155

CL 2-6-61. 2 copies pd. receipt #11999.

Father's Name is to be left as it is -

Another Child's Birth Cert. on file: (Idaho Birth) #46689 gives full maiden name of mother as Dora Stark - viewed by V.S.

Not. Photo Copies of pages from Lockett Family Bible gives one full name as Dora E. Stark, born July 30, 1874 in Kansas, married Marshall F. Lockett on Dec. 5, 1897, a daughter born to this couple on September 5, 1913 at Emmett, Idaho - named Vera Clayton Lockett - parents divorced Nov. 8, 1941 - family record appears old and unaltered - viewed by V.S.

Statement from Kenneth Carberry, Supt. of Schools, Independent School District No. 221, Gem County Public Schools, Emmett, Idaho - statement written Feb. 28, 1963 states "This is to certify that according to our school records Vera Clayton Lockett entered the first grade at the age of six on September 15, 1919." - viewed by V.S.

Statement from T.C. Bird, Supt. of Schools, Independent School District of Boise City, Boise, Idaho - statement written Feb. 8, 1963 states "Records of the Independent School District of Boise City indicate Vera Clayton Lockett (married name - Bruley) entered Central Elementary School on May 16, 1921 at which time the following information was recorded: date of birth-9/5/13; birthplace-Emmett, Idaho; name of parent: F. M. Lockett. She continued in the Boise schools through grade 6, withdrawing on October 4, 1925." - viewed by V.S.

851-209-01X-437

PLACE OF BIRTH

Form V.S. No. 11.C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 File No. 15534

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Heath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 9 1913

FATHER	MOTHER
FULL NAME Jas. Thos. Heath	FULL MAIDEN NAME Mabel Jeanette McClellan
RESIDENCE Vicinity of Emmett	RESIDENCE Pueblo Colo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Mo	BIRTHPLACE Leadville Colo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Cummings

(Physician or midwife)

Address Emmett Idaho Rd

Given names added from a supplemental report

..... 19.....

Filed 10-10 1913 J. L. Reynolds

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DECEASED

7/3-113:014-155

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Form V. S. No. 11-C ~~Rev. 3-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 15535

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Clifford Frank Patten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 - 13 - 1913

FATHER		MOTHER	
FULL NAME	Jno Patten	FULL MAIDEN NAME	Eva Josephine Jensen
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Moroni Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

Emmett Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-10 1913 J. L. Reynolds Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 3-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 4. 1942

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-219008-766

PLACE OF BIRTH

County of Boise

or

City of Emmett

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2W10

File No. 15536

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Virginia Armstrong

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Sept 19 1913

FATHER		MOTHER	
FULL NAME	Jas Horace Armstrong	FULL MAIDEN NAME	Nennie A Powell
RESIDENCE	Near Emmett	RESIDENCE	near Emmett
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Virginia	BIRTHPLACE	Fremont Co Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

M D

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

..... 19.....

Filed 10-10 1913 J. L. Reynolds

Registrar

..... Registrar

8-Y CO. 20174

[redacted]

Form V.S. No. 11

STATE OF IDAHO
BU. OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

156-128101X867

[redacted]

Form V. S. No. 11-[redacted]

STICS

PLACE OF BIRTH

County of Canyon

near City of Emmett

Registration District No. [redacted] File No. 15537

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Ross Lyman Jewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 28 1913

FATHER	MOTHER
FULL NAME Wm Godfrey Jewell	FULL MAIDEN NAME Ada Evelyn Hopper
RESIDENCE near Emmett	RESIDENCE near Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Irving Kans.	BIRTHPLACE Challis Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-10 1913 F. L. Taylor R[redacted]

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

DEC 11 1942

JUN 3 1966

SEP 13 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-128-014-857

[redacted] 51-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 20 ..... File No. 15538

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 28 1913

FATHER	MOTHER
FULL NAME Joseph Harrison	FULL MAIDEN NAME Belle Dora Heath
RESIDENCE near Emmett	RESIDENCE near Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Emmett Idaho	BIRTHPLACE Marsville Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Emmett M D

(Physician or midwife)

Address Dr. R. Reynolds Emmett

Given names added from a supplemental report

..... 19.....

Filed 10-10 1913 L. H. Reynolds

..... Registrar

S-Y CO. 20174 Registrar

[redacted]

DUP OF 1913 D68-542

459.14-085-756

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. _____ St.

Hospital _____

STATE [redacted] BUREAU OF

U. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 15539

Primary Registration District No. 2170 Registered No. 11

FULL NAME OF CHILD EDWIN EARL DERRICK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single	Two	yes	Oct 19th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William S Derrick	Myrtle George
RESIDENCE	Gifford Idaho.	Gifford Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Oregon.	Missouri
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 1 A M. on the date above stated.

(Signature) J. J. Hennington M.D.

(Physician or midwife)

Address Gifford Idaho

Filed 10-4 1913 E. E. Watts Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 15539

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~)
for (Name on Original Certificate) who (Was Born or ~~Died~~) on Sept. 19, 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Edwin Earl Derrick
Edwin Earl Derrick		

Subscribed and sworn to before me this 12th day of March, 1942

Dean Barnes

~~Notary Public~~, residing at Fossil, Oregon

My commission expires
(Seal)

Signed Mrs H. Derrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Wheeler } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942

Dean Barnes

~~Notary Public~~, residing at Fossil, Oregon

My commission expires
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 8 1942

DEC 3 1956

296-112014-262

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

BUREAU OF [redacted] CS

[redacted] OF BIRTH

Registration District No. ..... File No. 15541

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD GLENN SAMUEL Brown

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes.	9 — 13 — 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Samuel Brown	FULL MAIDEN NAME: Allie Boston
RESIDENCE: Parma	RESIDENCE: Parma
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: housewife

Number of children of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

..... 19.....

.....

.....

Registrar

Filed 9/22 1913 R. J. Lewis

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 15591
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (Name on original certificate) who born (Was born or died) on Sept. 12, 1913 (Date of event)
in Parma, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory of his Father & Mother. (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name.	No name.	Glenn Samuel Brown

Subscribed and sworn to before me this 1st
day of October, 1941
V. K. Kerrick
Notary Public, residing at Parma
My commission expires Feb. 28, 1944.
[SEAL]

Signed Allie B. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1481 Sixth St. Salem Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of October, 1941
V. K. Kerrick
Notary Public, residing at Parma, Idaho.
My commission expires Feb. 28, 1944.
[SEAL]

Signed Samuel P Brown
(Signature of any credible person other than the previous affiant.)
1481 Sixth St. Salem Ore.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

Form V. S. No. 11—10m-8,20-11

PLACE OF BIRTH 866

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 15542

County of Canyon

City of Parma — Registration District No. ____

No. ____, ____ St. — Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD ANNA SCHULTZ

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			Yes	8 (Month) 18 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Schultz	Orlena Howell
RESIDENCE	Parma	Parma
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Kansas	Del.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Reuen M. D. (Physician or Midwife)

Address Parma Ida.

Given name added from a supplemental report

....., 19....

Filed 8/18 1913 R. J. Reuen Registrar

.....
Registrar

S-Y CO., 16660

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

699-12-0174235

PLACE OF BIRTH

County of Canyon

City of Parma

No. Name added 10-15-79 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. File No. 15543

Primary Registration District No. Registered No.

FULL NAME OF CHILD HAROLD S. WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	8 24 1913

FATHER		MOTHER	
FULL NAME	G. A. Wright	FULL MAIDEN NAME	Naoma Steele
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Iowa	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) R. J. Rucker

M. D.
(Physician or midwife)

Address Parma - Idaho

Filed 8/24 1913 R. J. Rucker
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
OCT 5 1979

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Bureau of Vital Statistics

Certificate No. 15543
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wright (male) who was born on Aug 24, 1913
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Canyon Co, Parma, Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Harold S. Wright

Subscribed and sworn to before me this 3 day of
Oct., 1979.

Notary Public, Richard Brooks
Residing at Rupert, Idaho
My commission expires Nov. 1982
(Seal)

Harold S Wright
Signature of Applicant

768 Northgate Pocatello Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

in office 10/1/79

Certificate of marriage issued by the County of Canyon, State of Idaho gives name as Harold S. Wright married November 20, 1937, to Mae Farris.
Viewed by V.S.

Own child's birth certificate on file with State of Idaho, gives name as Harold S. Wright father of Flora Lee Wright. Flora was born Sept. 6, 1938, state file # 271695.
Viewed by V.S.

85-103.014-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 15544

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M	✓	✓	Yes	9	23	1913

(To be answered only in event of plural births)

FATHER

FULL NAME H. C. Hearron

RESIDENCE Nampa

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Colo.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Alice Johnson

RESIDENCE Nampa

COLOR W. AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cann M.D.
(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9/4 1913 R. J. Cann
Registrar

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

725-201-014-253

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15545

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	✓	Yes	10 1 13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Dietz	FULL MAIDEN NAME	Barbara Beck
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Lewis M.D.

(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 13 19 13

R. J. Lewis Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 D69-350

719-128-01K-613

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 15546

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	V	V	Yes	9 28 19

FATHER		MOTHER	
FULL NAME	E. E. Parker	FULL MAIDEN NAME	Myrtle Watson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Clum M. D.
(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9/29 1913 T. J. Clum Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

155-220-014-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15547

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Doris Mary Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2	Yes	8 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. L. Jenkins	Lucy Ramsey
RESIDENCE	Parma	Parma,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 5a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clune M.D.

(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 8/21 19 13 R. J. Clune Registrar

S-Y CO. 24688

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 15547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex	Male	Female
Name	none given	Doris Mary Jenkins

Subscribed and sworn to before me this 10th
day of July, 1942

W. B. Joy
Notary Public, residing at Boise, Ida.
My commission expires 7/14/45.
(Seal)

Signed Lucy L Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.F.D. #3 Parma, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 4 1973

JUL 10 1942

235-214-007-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRTH

15548

County of Blaine

City of Howe

No. ..... St.

Hospital .....

Registration District No. 5-9 File No. 3

Primary Registration District No. 21-9 Registered No. .....

FULL NAME OF CHILD Zae Stevens

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	X (To be answered only in event of plural births)		X	Yes	Sept 14 1913

FATHER	MOTHER
FULL NAME Frank J. Stevens	FULL MAIDEN NAME Effie J. Thornton
RESIDENCE Howe, Ida.	RESIDENCE Howe, Ida.
COLOR W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION H.W.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M.D.

Physician (Physician or midwife)

Address Howe, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 23 1913 D. W. Matthaei

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDA
BUREAU OF VITAL ST

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

335-213-007-412

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ceco

No. ..... St.

Registration District No. 5-9

Primary Registration District No. 2159

File No. 15549

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wounda Clendenning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X	X	Yes	Sept 12 1913

FATHER		MOTHER	
FULL NAME	William Guy Clendenning	FULL MAIDEN NAME	Hazel Bernnetta Mason
RESIDENCE	Ceco	RESIDENCE	Ceco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthews M. D.

Phy. & Surgeon (Physician or midwife)

Address Ceco

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 23 19 13 D W Matthews Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. [illegible] 20m 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

DEC 17 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bl[illegible]

City of Arco

Registration District No. 59 File No. 15550

No. ____ St.

Primary Registration District No. 2159 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ester Carmen Pieper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X	X	Yes	Sept 6 1913

FATHER		MOTHER	
FULL NAME	Charles Edward Pieper	FULL MAIDEN NAME	Bertha Adelia McClellan
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	H.W.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthews

Physician

(Physician or midwife)

Address Arco Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 27, 1913 D. W. Matthews

Registrar

.....

Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

363-207-029-343 (Be sure the information is complete and accurate)

State File No. 15551
Local Reg. No.
Reg. Dist. No. 65

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 12/18/73

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Latah	a. STATE: Washington b. COUNTY:
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch (country)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Palouse (country Wash.) RFD
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Gladys	Allene	Collins

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Fem.	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug. 7, 1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	John	M.	Collins

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Tenn	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Mattie		Tullis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
41 YEARS	Iowa	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. T. Boyd, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Palouse, Wash.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Aug. 10, 1913

22. REGISTRAR'S SIGNATURE: Dr. J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 8:30 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 30 11 43 AM '73

State of Idaho } ss.
County of Latah

Certificate No. 15551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thomas Collins (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1913 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Thomas Collins	Gladys Allene Collins

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November, 1973

A. L. Peplau

Notary Public, residing at Potlatch, Ida.

My commission expires 11-13-74
(Seal)

Signed Mrs. A. D. Baldridge
(Signature of Any Credible Person)

Box 342 830 Pine St.
(Street Address, City, State)
Potlatch Idaho 83855

FORM DH 60-155 CL 7/19/73 lcc pd.

Family record signed by Half-sister (Mrs. Mrs. William Staffelbach) gives name as Gladys Allene Collins born on Aug. 7, 1913 in Potlatch, Idaho. Viewed by VS

Common Schools of the State of Washington Certificate of Graduation gives name as Gladys Collins. Dated March 2, 1929. Viewed by V. S.

193-202-029-052

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. (Country)

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 15552

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Edna Marie Archer

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Aug 2 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: A R Archer

RESIDENCE: Potlatch Idaho

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Imyard Frost

RESIDENCE: Potlatch Idaho

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5:30 A.M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Great Boyd M.D.
(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 10th 1913. Dr. J.R. Thompson Registrar

S-Y CO. 24655

FEB 24 1969

168-205-029-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Harvard

No. _____ St.

Hospital _____

Registration District No. 6 5

Primary Registration District No. 2145

File No. 15553

Registered No. _____

FULL NAME OF CHILD Helen Johnson

Sex of Child Fem.

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Aug 5 1913 (Month) (Day) (Year)

FATHER

FULL NAME G L Johnson

RESIDENCE Harvard

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mo.

OCCUPATION Merchant.

MOTHER

FULL MAIDEN NAME Mary Woodbury

RESIDENCE Harvard

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - at 630 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo. Boyd M D
(Physician or midwife)

Address Palouse, Wash.

Filed Aug 16 - 1913. D. J. W. Thompson Registrar

S-Y CO. 24655

NOV 1 1966

392-706-029-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Harvard

No. ..... St. ..... Country

Registration District No. 65. File No. 15554

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenzie Tibbetts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(	(	Yes	Sept 6 — 1913

FATHER		MOTHER	
FULL NAME	Richard D. Tibbetts	FULL MAIDEN NAME	Polly Coffman
RESIDENCE	Harvard	RESIDENCE	Harvard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Boyd M.D.

(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Sept. 10 1913. D. J. W. Thomas Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-108-029-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah Co

City of Palouse Wn R.F.D.

Registration District No. 65 File No. 15555

No. ____ St.

Primary Registration District No. 2145 Registered No. ____

Hospital ____

FULL NAME OF CHILD Chas Edward Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 8 1913

FATHER		MOTHER	
FULL NAME	Peyton C Johnston	FULL MAIDEN NAME	Ethelind Haynes
RESIDENCE	Palouse Wn R F D	RESIDENCE	Palouse Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd MD (Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 1913 D. J. M. Thompson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493127.029.168

PLACE OF BIRTH

County of Latah

City of Potlatch.

No. (Onaway) St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 15556

Primary Registration District No. 2145. Registered No.

FULL NAME OF CHILD Chas Herbert Dickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Aug 27 1913

FATHER

FULL NAME Miles E Dickson.

RESIDENCE Potlatch (Onaway)

COLOR White. AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Penn.

OCCUPATION Miner.

MOTHER

FULL MAIDEN NAME Bertha Johnston

RESIDENCE Potlatch (Onaway)

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife.

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Boyd M D

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10th 1913 D. J. V. Thompson Registrar

S-Y CO. 24658

DUP OF 13-296142

249-227-029-255

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 65

File No. 15557

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Norma Grace Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	V	V	yes	Aug 27 1913

FATHER		MOTHER	
FULL NAME	William E. Smith	FULL MAIDEN NAME	Jennie Pearl Kenoyer
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 2d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho.

Given name added from a supplemental report

..... 19.....

Filed Sept. 13th 1913

Dr. J. W. Thompson Registrar

..... Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1950

917-207-029-463

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 15558

No. ____, ____ St.

Primary Registration District No. 2145 Registered No. ____

Hospital ____

FULL NAME OF CHILD Adelaide Olimbra Raponi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	yes	Sept. 7, 1913

FATHER		MOTHER	
FULL NAME	Antonio Raponi	FULL MAIDEN NAME	Assunta Motta
RESIDENCE		RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Potlatch

Sept. 25th 1913 D. Jr. Thompson

Registrar

B-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S.No. 11—10m-2-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 12/4/72

699-22-0039-565

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15559
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lois
b. (Middle): Elizabeth
c. (Last): Orr

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 25, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle): W.
c. (Last): Orr

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Michigan

10. USUAL OCCUPATION: Laborer in Saw Mill

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle):
c. (Last): Novy

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. W. Thompson

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Potlatch

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 26, 1913

22. REGISTRAR'S SIGNATURE: Dr. J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 1:20 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California

County of El Dorado

NOV 2 ss. 3 59 PM '72

Certificate No. 15559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Louis Orr (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1913 (Date of Event)

in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Louis Orr	Lois Elizabeth Orr

Subscribed and sworn to before me this 17th day of November, 1972

BETTY L. HARTLEY

Notary Public, residing at Placerville, California

My commission expires

(Seal)

EL DORADO CO. CALIFORNIA

MY COMMISSION EXPIRES JAN. 4, 1976

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of

County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 11/9/72

ificate of Confirmation from St. Patrick's Church, Placerville, CA 95667 gives as Lois Elizabeth Orr child of Frank W. Orr and Emma Novy. Born Sept. 25, 1913. Oct. 31, 1926. Viewed by V. S.

Newspaper item dated October 31, 1926 gives names of children that were confirmed gives name as Lois Elizabeth Orr. Viewed by V. S.

School record from El Dorado High School, Placerville, CA 95667 gives name as Lois Orr. Born Sept. 25, 1913. Date of Graduation 1927. Viewed by V. S.

753 217.029-645

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 65. File No. 15560

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Vergie. Dorothy. Petett.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	Feb. 17, 1913

FATHER		MOTHER	
FULL NAME	Alfred. B. Petett.	FULL MAIDEN NAME	Lucinda. O'Dell.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Ranching.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6—20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

Mrs Murray.

(Physician or Midwife)

Address Viola. Idaho

Filed Sept. 29th 1913 D. H. Thompson Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—Rev.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4132 PLA[illegible] 29-34

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ....., ... St.

Hospital .....

Registration District No. 65. File No. 15561

Primary Registration District No. 2125. Registered No. .....

FULL NAME OF CHILD Dorothy Isabelle McKarcher

Helen---M---Kar-cher.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	V	V.	yes.	Sept. 24, 1913.

FATHER		MOTHER	
FULL NAME	Chalmers L. McKarcher.	FULL MAIDEN NAME	Nellie J. Campbell.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	AGE AT LAST BIRTHDAY (Years)	34.
COLOR	white.	AGE AT LAST BIRTHDAY (Years)	38.
BIRTHPLACE	Canada.	BIRTHPLACE	Mich.
OCCUPATION	Plumber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4.

Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jno. Thompson M. D.

(Physician or Midwife)

Address Potlatch. Idaho.

Given name added from a supplemental report

....., 19.....

Filed Oct. 3rd 1913. Dr. Jno. Thompson Registrar

.....

Registrar

S-Y CO., 16699

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 15561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Helen McKarcher (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24 1913 (Date of Event) in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 7, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Helen McKarcher	Dorothy Isabelle McKarcher

Subscribed and sworn to before me this 15 day of February, 1944

J. WARD ARNEY
Notary Public, residing at Coeur d'Alene Id.
My commission expires 11-6-47
(Seal)

Signed x Chalmers Link McKarcher.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat MUST Also be Executed. (See Chapter 130, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of February, 1944

Howard A. Wagner
Notary Public, residing at Pullman Wn
My commission expires 8-4-47
(Seal)

Signed C. A. McKarcher
(Signature of Any Credible Person Other Than Previous Year)

Brand & Olson
Pullman, Wn
(Street Address, City, State)

Sign here the notary.

As we informed you previously, there were 2 birth certificate on file in this office, both named Helen, the one is your sister, and they had apparently named you Helen first and nothing had ever been done about changing your name, therefore the enclosed affidavit was sent you for the purpose of correcting your record, and before the change can be made, it **MUST** be completed , properly signed and notarized by either parent if possible, or some one knowing the facts of the case and will swear to the statement. If you wish to go on with this correction, please have this done if not, return all correspondence, and advise, and we will refund your money, gladly.

Bureau of Vital Statistics- Boise, Idaho

MAR 1 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Shawnee — CERTIFICATE OF BIRTH — No. 15562

City of Potlatch — Registration District No. 65. — File No.

No. ____, ____ St. — Primary Registration District No. 2145. — Registered No.

Hospital

FULL NAME OF CHILD Myrl Cullen Griffen.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Sept 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Griffen.	Maggie Carson.
RESIDENCE	Potlatch.	Potlatch
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	35.	30
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4th. — Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 6-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F.W. Thompson M.D.

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed Oct. 3 1913 Dr. F.W. Thompson M.D. Registrar

S-Y CO., 16669 Registrar

289-102-022-631

PLACE OF BIRTH

County of Fremont

City of Reglu

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	( )	( )	Yes.	Sept 2 (Month) (Day) 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B R Shippen	Annie Clawson
RESIDENCE	Meman	Meman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

(Physician or midwife)

Address Meman Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 19 13 Ray H. Smith Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

SEP 24 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

236-24 [illegible] 92

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1 [illegible]

CERTIFICATE OF BIRTH

County of Bonneville

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98 File No. 15564

Primary Registration District No. 2176 Registered No. 22

FULL NAME OF CHILD LOLA MARJOREY SCOTT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 1st 1913

FATHER		MOTHER	
FULL NAME	E M Scott	FULL MAIDEN NAME	Sophia Arstrom
RESIDENCE	Annis	RESIDENCE	Annis,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1913 Ray Hiles

..... Registrar

Registrar

8-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 15564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on September 1, 1913 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism August 6, 1922 Certificate of Blessing prepared on December 7, 1913
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Lola Marjorey Scott		
Child's name	Missing	Lola Marjorie Scott

Subscribed and sworn to before me this 26th day of January 1956

George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1959
(Seal)

Signed Oscar Axstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1956

George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1959
(Seal)

Signed Sophia Scott
(Signature of Any Credible Person)

Rigby, Idaho.
(Street Address, City, State)

293106-022-459

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15565

Primary Registration District No. 2176 Registered No. 23

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
M			Yes.	Aug 6 [illegible]

FATHER		MOTHER	
FULL NAME	P. Killain	FULL MAIDEN NAME	Alice Merrill
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 19 13 Ray A. Fiske Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
DEPARTMENT
BUREAU

CERTI

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev. 2-16-42

613 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lewisville — Registration District No. 98 — File No. 15566

No. ____ St. — Primary Registration District No. 2176 — Registered No. 24

Hospital ____

FULL NAME OF CHILD VIVIAN WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Aug 9th 1913

FATHER		MOTHER	
FULL NAME	Gibson Walker	FULL MAIDEN NAME	Jennie Kinghorn
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Address Menan

Filed Sept 10 19 13 Ray P. Fisher
Registrar

Given names added from a supplemental report

....., 19.....
Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

COLOR

BIRTHPLACE

OCCUPATION

STATE OF [illegible]
BUREAU OF VITAL STA[illegible]
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 15566

Date Filed 6/17/43

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vivian Walker (Name on Original Certificate) who Born (Was Born or Died) on Aug. 9 - 1913 (Date of Event)
in Jefferson County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Vivian Walker
name of mother	Jennie Kingborn	Jennie Kinghorn
birthdate	Aug. 10, 1913	August 9, 1913

Subscribed and sworn to before me this 17th
day of June, 1943

H. G. Simmons
Notary Public, residing at Idaho Falls Idaho

My commission expires 5/22/44
(Seal)

Signed Vivian Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #3 Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of June, 1943

H. G. Simmons
Notary Public, residing at Idaho Falls Idaho

My commission expires 5/22/44
(Seal)

Signed Mrs. E. Jones
(Signature of Any Credible Person Other Than Previous Year)

374 - 12th St. Idaho Falls Idaho
(Street Address, City, State)

JUN 25 1943

316-031-022-465

[redacted] OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Registration District No. 98 File No. 15567

Primary Registration District No. 2176 Registered No. 25

FULL NAME OF CHILD Donna Lawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Aug 31 1913

FATHER		MOTHER	
FULL NAME	A. B. Lawson	FULL MAIDEN NAME	Vivian Montague
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Nelson

(Physician or midwife)

Address Menan

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1913 Ray Hinkle

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—10m-5-46-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

...SICIAN OR MIDWIF

4-20-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15567

DEC 24 9 24 AM '74 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lawson (Name on Original Certificate) who was born (Was Born or Died) on August 31, 1913 (Date of Event)

in Menan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by CHURCH RECORDS (Bible Record, Insurance Policy, Etc.) prepared on JAN. 4th, 1914 & July 1st, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	?
DONEEEA LAWSON		DONNA LAWSON

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 19 74

Notary Public, residing at Oceanside, California

My commission expires March 20, 1978

(Seal)

OFFICIAL SEAL
MARIAN BRICKER
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Mar 20, 1978

Signed Verda Bailey (Aunt)
(Signature of Any Credible Person)

1550 Struass, La Mesa, Calif. 92041
(Street Address, City, State)

FORM DH 60-155

Marriage certif from Nevada gives names as Joseph Harold Fitstad and Donna L. Fikstad dated April 21, 1957. viewed by V, S.

JAN 21 1975

Ins. policy from Cal-Farm Ins. Co. gives names as J. Harold Fistad and Donna L. datd April 30, 1968. signed May 41, 1968 viewed by V. S.

792- 228.022-213

PLACE OF BIRTH

County of Fremont

City of Roberts.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11— [illegible]

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15568

Primary Registration District No. 2176 Registered No. 261

FULL NAME OF CHILD HELEN GIBSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	July 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wesley Gibson	Jane Ballenbyne
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Utah	Utah
OCCUPATION	School Teacher	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1,459 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10. 1913 Ray St. Clark Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts, Ida.

4. FULL NAME OF CHILD Helen Gibson

5. Date of Birth of Child (Month, day, year) Aug. 1, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wesley Gibson
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation General Merchandise
15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Ballantyne
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~22. Name prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that J. A. Melton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Ballantyne Gibson Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942

(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____ Registrar.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-119-022-194

PLACE OF BIRTH

County of Fremont

City of Annis.

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15569

Primary Registration District No. 2176 Registered No. 27

FULL NAME OF CHILD Verdas Henry Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes.	July 19, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. H. Reed.	FULL MAIDEN NAME	Maud Armstrong
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Mexican Ch

Filed Sept 10 1913 Ray Hatch
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—Rev-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 22 1954

19

268-123-022-993

Amended 6-27-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15570
Local Reg. No. 28
Reg. Dist. No. 98

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jesse
b. (Middle):
c. (Last): Bohney

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 23, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Raymond
b. (Middle):
c. (Last): Bohney

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Lovina
c. (Last): Richardson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Loa, Utah	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Melton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Menan, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

6-16-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 22 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 15570

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bohney (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1913 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs full name	Unnamed	Jesse Raymond Bohney
fathers name	Ray	Raymond
mothers first name	Mina	Mary Lovina
birthplace of mother	Idaho	Loa, Utah

Subscribed and sworn to before me this 21st day of June, 1967

Alice P. Mullen

Notary Public, residing at Pocatello, Idaho

My commission expires Mar 5, 1969

(Seal)

X Signed Zelda Rodgheiser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Another childs birth certificate gives name of father as Raymond Bohney and mother as Mary Lovina. Child born Sept. 11, 1917, Certificate # 52994-B

Viewed by V. S.

Enlisted Record of Honorable Discharge gives name as Jesse R. Bohney. Enlisted Feb. 9, 1942. Army of U.s.
Viewed by V. S.

Death certificate of father gives name as Raymond Bohney born Sept. 8, 1880 and died June 1, 1956 in Idaho Falls. Certificate # 56-2249
Viewed by V. S.

Birth Certificate of anther child gives birthplace of mother as Loa,Ut. Certificate # 81635. Child born July 10,1920. Also name as Mary Lovina Richardson
Viewed by V. S.

Insurance Card issued 1957 by Continental Casualty Co. Gives name as Jesse R.Bohney Union Pac. R.R. # 9650483.
Viewed by V.S.

For birthplace of mother - a daughters death certificate lists her motthers birthplace as Loa, Utah. Death Certificate # 105435, Idaho. Also name of mother as Mary Lovina Richardson
Viewed by V. S.

259.113.WA2-165

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Meran.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 15571

Primary Registration District No. 2176 Registered No. 27

FULL NAME OF CHILD Richard Leeroith Jarl

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	~~Sept~~ 13 1913

FATHER		MOTHER	
FULL NAME	Ford Barrett	FULL MAIDEN NAME	Rose Jones
RESIDENCE	Meran	RESIDENCE	Meran
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Meran

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Ray H. Babb Registrar

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 22 1976

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15571

State of Idaho } ss.
County of Ada

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barrett (Name on original certificate) who was born on 7-13-1913 (Was born or died) (Date of event)

in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Elder sister (Bible record, insurance policy, etc.) prepared on Nov. 10, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Barrett	Richard Berrett

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 19 41.

Notary Public, residing at Boise, Idaho

My commission expires April 18, 1945

[SEAL]

Signed (Mrs) Florence Barrett Dunford (Elder sister)
(Signature of any credible person other than the previous affiant.)

2701 - 8th Ave. So.
Boise, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

SEP 2 1965
APR 24 1968
DEC 16 19[illegible]

1914-16-022-355

Form V. S. No. 13—10m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Ryley RFD 2

No. \ St.

Hospital \

Registration District No. 9 File No. 15572

Primary Registration District No. 2176. Registered No. 30.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes.	Aug 16 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Rodford.	Eva Terpler.
RESIDENCE	Ryley	Ryley
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Palmer

(Physician or midwife)

Address Ryley

Filed Sept 10 1913 Ray H. Fish

Registrar

Given names added from a supplemental report

.....19.....

.....

Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10—10m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

796-209-022-313

Form V. S. No. 11—10m-8-15-13

PLACE OF BIRTH

County of Bonneville

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15573

Primary Registration District No. 2176 Registered No. 31

FULL NAME OF CHILD Irma Grover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 9 1913

FATHER		MOTHER	
FULL NAME	E. Grover	FULL MAIDEN NAME	Ann J. Call
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 1913 Ray Fisher Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

JAN 10 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-206-22-631

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 15574

Registered No. 32

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Aug 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Severson	Annie Alander
RESIDENCE	Garfield	Garfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer.

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Ray Hinks
Registrar

..... Registrar

8-Y CO. 20175

Form V. S. No. 11—10m-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 4 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356207 022-693

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98 File No. 15575

Primary Registration District No. 216 Registered No. 33

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.				Yes	Aug 7 [redacted]

(To be answered only in event of plural births)

(Month) (Day)

FATHER		MOTHER	
FULL NAME	E. J. Lewis.	FULL MAIDEN NAME	Dagmar Wilhelmsen.
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Wales.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Ray A. Fisher

Registrar

..... Registrar

S-Y CO. 20178

Form V. S. No. 11—Rev. 6-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 7 1968

246-25-1072-469

PLACE OF BIRTH

County of Fremont

City of La Belle

No. ____ St.

Hospital ____

Form V. S. No. 11—10m—2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15576

Primary Registration District No. 2176 Registered No. 34

FULL NAME OF CHILD Ruth Elvona Smout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	( )	( )	Yes.	August 3 1913

FATHER		MOTHER	
FULL NAME	Orian Smout	FULL MAIDEN NAME	Elva Morgan
RESIDENCE	La Belle.	RESIDENCE	La Belle.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Archie Palmer

(Physician or midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....19....

Filed Sept 10 19 13 Ray H Fish
Registrar

....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file:(Idaho Birth) #236371 gives full maiden name of mother as - Ruth Elvona Smout - viewed by V.S. and Rigby, Idaho High School Diploma (photo copy of diploma) May 25, 1933 gives full name of student as Ruth Elvona Smout - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 15576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smout (Name on Original Certificate) who was born (Was Born or Died) on Aug. 15, 1913 (Date of Event)
in LaBelle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record - (Bible Record, Insurance Policy, Etc.) prepared on 5/23/33. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Elvona Smout

Subscribed and sworn to before me this 2nd day of April, 19 61

Notary Public, residing at Rigby, Idaho.
~~My commission expires~~ CLERK OF THE DISTRICT COURT
(Seal) TWELFTH JUDICIAL DISTRICT

Signed Elva May Smout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155

CL 4-14-61. one copy pd. receipt #14802.

MAY 5 1961

154-215-22-213

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 98

File No. 15577

Primary Registration District No. 2176

Registered No. 35

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Andrus	Rose Ballenbyne
RESIDENCE	Garfield	Garfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—Rev.-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

e No.

gistered No.

PLACE OF BIRTH

County of

FATHER

DEC 1 3 2002

318-17-022-349

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15578

County of Fremont

City of Grant — Registration District No. 98 — File No.

No. ____ St. — Primary Registration District No. 2176. — Registered No. 36.

Hospital

FULL NAME OF CHILD Curtis R. Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Aug 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorin Taylor.	Susie Curtis
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Registrar

Address Rigby

Filed Sept 10 1913 Ray A. Tuttle

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—10m-2-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1575

PLACE OF BIRTH

RECORD

Mother

12/31/41 Dec

395/30-022-814

PLACE OF BIRTH

County of Fremont

City of Rigby RFD 1

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15579

Primary Registration District No. 2176 Registered No. 37

FULL NAME OF CHILD Cecil Verdell Tinker

Sex of Child M. | Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug 30 (Month) [illegible]

FATHER

FULL NAME Frank Tinker

RESIDENCE Garfield

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Vermont

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Clora E. Haddock.

RESIDENCE Garfield

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Vermont.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Ray H Fisher Registrar

..... Registrar

S-Y CO. 20178

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 18 1945

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[CORD]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793/19.022-799.

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15580

County of Fremont

City of Rudy

Registration District No. 98

File No.

No. ____ St.

Primary Registration District No. 2176

Registered No. 38

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Aug 19 1913

FATHER		MOTHER	
FULL NAME	John Pitman	FULL MAIDEN NAME	Francis Price.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montana	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Utah
		OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:15 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 10 1913 J. Ray Hinkle
Registrar

8-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

866-116-022-319

PLACE OF BIRTH

County of Jennett

City of Lewisville

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15581

Primary Registration District No. 2176 Registered No. 39

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Aug 16 1913

FATHER		MOTHER	
FULL NAME	Geo. Hardwicks.	FULL MAIDEN NAME	Emily Lorsen.
RESIDENCE	Lewisville.	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

....19....

Filed Sept 10 1913 Ray A. Fiske
Registrar

....
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-40

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

OF HEALTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-120-022-313

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form No. 11—10m-2-15-12

Registration District No. 98 File No. 15582

Primary Registration District No. 2176 Registered No. 40

FULL NAME OF CHILD LaVere Hyrum Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes.	May 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Ward.	Elsie Call.
RESIDENCE	Rigby.	Rigby.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Clerk.	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer.

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 J. Ray Tibbs

Registrar

..... Registrar

S-Y CO. 20175

3t. Registrati

-- Primary Re

{Numbe
{in order
{of birth
event of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15582

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	LaVere Hyrum Ward

Name added from family record presented Feb. 10, 1955

Subscribed and sworn to before me this 7 day of February, 19 55

Elsie R. Mortensen
Notary Public, residing at Ferry, Utah
My commission expires Feb. 26, 1958
(Seal)

Signed Joseph Hyrum Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
321 So. 2nd East St. Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of February, 19 55

Elsie R. Mortensen
Notary Public, residing at Ferry, Utah
My commission expires Feb. 26, 1958
(Seal)

Signed Elsie Elizabeth Call Ward
(Signature of Any Credible Person)
321 So. 2nd East Brigham Utah
(Street Address, City, State)

APR 11 1955

619-106-022. 795

PLACE OF BIRTH
Amended 7-13-60

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15583

Primary Registration District No. 2176 Registered No. 41

FULL NAME OF CHILD Roland Kay Hart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 6, 1913

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Hart	Seretta Green
RESIDENCE	Rigby	Rigby
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Bank Cashier	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 p.m. ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. M. Palmer

Physician
(Physician or midwife)

Address Rigby

Filed 9-10-13 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(on back)

RECEIVED
MAR 20 1959
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 15583

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hart (Name on Original Certificate) who born (Was Born or Died) on 9-6-13 (Date of Event)
in Rigby (Place of Event) (on back) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family & Insurance (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Roland Kay Hart

Subscribed and sworn to before me this 18th day of March, 1959

Eugene B. Manning
Notary Public, residing at Pocatello Ida.
My commission expires Jan. 23, 1960
(Seal)

Signed Mrs. Clarence J. Hart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1185 Yellowstone, Pocatello, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1959

Eugene B. Manning
Notary Public, residing at Pocatello Idaho
My commission expires Jan. 23, 1960
(Seal)

Signed Ruth L. Hart
(Signature of Any Credible Person)

242 No. 14th Pocatello, Idaho
(Street Address, City, State)

1. Certificate of membership in L.D.S. Church, dated [illegible] Nov. 2, 1913, gives full name as Roland Kay Hart. Viewed by V.S.
2. Social Security Card, dated April 19, 1940, gives name as Roland Kay Hart. Viewed by V.S.

813-1 29.022-415

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15584

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 42.

Hospital .....

FULL NAME OF CHILD Howard Durrell Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Aug 29 1913

FATHER	MOTHER
FULL NAME: Ernest Word Hall	FULL MAIDEN NAME: Mary Frances Davis
RESIDENCE: Rigby	RESIDENCE: Rigby
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Foxton

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 19 13 Ray H. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 13 1970

12/5/40. L. B.

577-206-022.

PLACE OF BIRTH 499

County of Fremont

City of Gorfield.

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15585

Primary Registration District No. 2176 Registered No. 43

FULL NAME OF CHILD GERTRUDE MARGARET EGGERS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes.	Aug 6 1923

FATHER		MOTHER	
FULL NAME	Ernie Eggers	FULL MAIDEN NAME	Mary Dirks
RESIDENCE	Gorfield	RESIDENCE	Gorfield.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.45 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Ray H Finke.

(Physician or midwife)

Address Rigby

Filed Sept 10 1923 Ray H Finke
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—16r

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DEC 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New York } ss.
County of Niagara }

Certificate No. 15585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Baby girl Eggers who was born on Aug 6th 1923
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Ogden Dale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on Aug 31st 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gertrude Margaret Eggers

Subscribed and sworn to before me this 25th
day of November, 1942
William F. Kenny
Notary Public, residing at Niagara Falls
My commission expires March 30th 1944
(Seal)

Signed Henry A. Eggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
439 Memory Parkway Niagara Falls N.Y.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of August, 1942
Ella Mae Tricky
Notary Public, residing at Portland Oregon
My commission expires July 19, 1946
(Seal)

Signed Johanna Eggers
(Signature of Any Credible Person Other Than Previous Year)
3417 S. W. 12 Ave
(Street Address, City, State)
Portland, Oregon

DEC 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

91-[illegible]04-022-693

PLACE OF BIRTH

County of Fremont

City of Lewisville.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15586

Primary Registration District No. 2176 Registered No. 44

FULL NAME OF CHILD RUTH RADY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Rady	Harriet Williams
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Cattleman	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5,30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker.

(Physician or midwife)

Address Lewisville Ida.

Filed Sept 10 1913 Ray H. Tucker

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20175

Dup D1913-15594

FEB 12 1943

(2 copies on file)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15586
Local Reg. No. 1594
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lamont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Rady

5. Date of Birth of Child (Month, day, year) Aug 4, 1913

6. Sex Female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Rady
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Williams
17. Color or Race Wt **18.** Age at time of THIS birth yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: ~~(a)~~ at time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 30 years, and that Ora (First name) Melton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harriett Rady Signature
P. O. Address

Subscribed and sworn to before me this 8th day of February, 1943

(SEAL) Arthur R. Jameson Notary Public, residing at Roberts Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-[redacted]2-528

PLAC[redacted]

Form V. S. No. 11-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 15587

Primary Registration District No. 2176 Registered No. 45

FULL NAME OF CHILD Emma Vivienne Strickland.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	(		(	Yes.	8-2-13

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. E. Strickland	Leska V. Eby
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	16
BIRTHPLACE	Ohio.	Ida.
OCCUPATION	Meat cutter	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl D. Jobes.

Osteopathic (Physician or midwife)

Address Roberts.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 1913 Ray Stiles Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1971

(County of)

296-220-22-613

PLACE OF BIRTH

FREMONT.

County of Fremont

City of Annis.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15588

Primary Registration District No. 296 Registered No. 46.

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	1	yes	Aug 20 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Geo H Browning	FULL MAIDEN NAME Phoebe Watts
RESIDENCE Annis	RESIDENCE Annis.
COLOR W AGE AT LAST BIRTHDAY 20 (Years)	COLOR W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Sept 10 1913 Ray H Fisher Registrar
am P.

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital

Registration District No. 96 File No. 15589

Primary Registration District No. 276 Registered No. 47

FULL NAME OF CHILD Edna May Ball

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	—	—	Yes	Aug. 14 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fort Ball	FULL MAIDEN NAME	Christi Peterson
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 10 1913 Roy A. Fisher amp Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev-2-15-52

STATE OF IDAHO

PLACE OF BIRTH

JAN 1 4 1969

219-22-0224 55

Form V. S. No. 11-C

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15590

Primary Registration District No. 2176 Registered No. 48

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Aug 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Barney	Ada Dennis
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Tucker

(Physician or midwife)

Address Lewisville Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1913 Roy E Fisher Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546.127.022-155

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 8

File No. 15591

Primary Registration District No. 2176

Registered No. 49

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 27 1913

FATHER	MOTHER
FULL NAME Norman Huffaker	FULL MAIDEN NAME Edith M. Jensen
RESIDENCE Lewisville	RESIDENCE Lewisville
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ida.	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 22 (Years)
	BIRTHPLACE Utah.
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville Ida.

Filed Sept 9 1913 Ray D Tucker Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

A.M.S.

Form V. S. No. 11—10m-4-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

318-119-022439

PLACE OF BIRTH

County of Fremont

City of Rigby, R.D. 1

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15592

Primary Registration District No. 2176 Registered No. 50

FULL NAME OF CHILD JAY DEE TAYLOR

Sex of Child: Male | Twin, Triplet or other: Twin | and Number in order of birth: One | Legitimate? Yes | Date of Birth: Aug. 19 (Month) (Day) 191 3 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David R. Taylor	FULL MAIDEN NAME	Ada J. McIntyre
RESIDENCE	Rigby, R.D. 1	RESIDENCE	Rigby, R.D. 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker.

(Physician or midwife)

Address Lewisville Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept. 10 19 13 Ray S. Taylor
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-

STATE OF IDAHO
BUR. OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 30 1953

County of

City

20HD

897-103-022-652

PLACE OF BIRTH

County of Fremont

City of Grant

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15593

Primary Registration District No. 2176 Registered No. 51

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth. (Month)	(Day)	(Year)
Male	—	—	—	yes	Aug	3	191 3

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ballard Hix	FULL MAIDEN NAME	Edith Webster
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 a. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville Ida

Filed Sept 10 1913 Ray S. Fisher Registrar

C.M.B.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

No.

M.

693-207-022-119

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 98 File No. 15595

No. ..... St. Primary Registration District No. 2176 Registered No. 53

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Aug 7 1913

FATHER		MOTHER	
FULL NAME	James Wilson	FULL MAIDEN NAME	Lowena Jordan
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Sept 14 19 13 Roy St Tucker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 19 1968

469-129.022-493

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

Registration District No. _____ File No. 15596

No. _____ St.

Primary Registration District No. _____ Registered No. 54

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 29 1913

FATHER	MOTHER
FULL NAME: Dave Mowell	FULL MAIDEN NAME: Catherine Michell
RESIDENCE: Grant	RESIDENCE: Grant
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Germany.	BIRTHPLACE: Germany.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] (born alive) (born dead), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey.

(Physician or midwife)

Address Rigby R. 2.

Filed Sept 3 1913 Ray D Peake Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-16-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-227-022-434

PLACE OF BIRTH

County of Truman No 2

City of Annis

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15598

Primary Registration District No. 2176 Registered No. 56

FULL NAME OF CHILD DONNA V. SCOTT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Aug. 27, 1913

FATHER		MOTHER	
FULL NAME	Joseph M. Scott	FULL MAIDEN NAME	Esther McMurtrey
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Rose

(Physician or midwife)

Address Lamont Idaho

Filed Sept. 19, 1913 Capt Bates Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20178

amb

Form V. S. No. 11—10m-8-44-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3-8-74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 8 11 00 PM '74

State of ..... } ss.
County of ..... }

Certificate No. 15598

Date Filed .....

The undersigned does solemnly swear that certain items on the certificate of Birth (Birth or Death)

for Unnamed Scott (Name on Original Certificate) who was born (Was Born or Died) on August 27, 1913 (Date of Event)

in Annis (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Donna V. Scott

Subscribed and sworn to before me this 25th day of Feb., 1974

Notary Public, residing at Boise

My commission expires 11-28-74

(Seal)

Signed James Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

MAR 8 1974

Certificate of Baptism and Confirmation gives name as Donna V. Scott daughter of Joel M. Scott and Esther M. McMurtrey born August 27, 1913 at Annis, Jefferson County, Idaho and Baptized August 29,1921 in the L.D.S Church.
Viewed by V.S.

Insurance Policy issued by the Pacific Life Benefit Assocaation of Lewiston, Idaho gives name as Donna Vea Anderson wife of Rex G. Anderson. Policy issued Oct. 4,1943
Viewed by V.S.

318-119.022-689

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15599

Primary Registration District No. 2176 Registered No. 57

FULL NAME OF CHILD Spencer Theodore Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Aug. 9 1913

FATHER	MOTHER
FULL NAME Eugene Taylor	FULL MAIDEN NAME Lelia B. Whitlatch
RESIDENCE Roberts	RESIDENCE Roberts
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Illinois	BIRTHPLACE West Virginia
OCCUPATION Rancher	OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:08 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl L. Jones. M. D.

(Physician or midwife)

Address Roberts Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Apr. 10 1913 Lloyd Fisher Registrar

amd.

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

296-119022

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

Form [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15600

Primary Registration District No. 2176 Registered No. 1

FULL NAME OF CHILD Earl Guy Brown

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—		—	Yes	July	19	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Brown	FULL MAIDEN NAME	Elsie Peterson
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10[illegible] a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed [illegible] 1913 Roy H. Fisher Registrar

Aug. 10-13

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

J. S. June 10, 1947

BINDING

863.225.022-652

Form V. S. No. 1

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15601

Primary Registration District No. 2176 Registered No. 2

FULL NAME OF CHILD Caroline Holland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	July 25 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Holland	FULL MAIDEN NAME	Dora Theo Westergard
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray Fuller

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 10 19 13 Ray Fuller Registrar

..... Registrar

Aug 9/10-13

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[illegible]

JUL 26 1967

[illegible]

[illegible]

DNC

313-216022-796

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 15602

Primary Registration District No. 2176 Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Coles	Mary Crockett
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray A. Fisher

(Physician or midwife)

Address Rigby, Ida.

Filed Sept 10 19 13 Ray A. Fisher Registrar

Aug 10-13 A.M.P.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Number of

343.216.022-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 96 File No. 15603

Primary Registration District No. 2176 Registered No. 4

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 16 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Cutler	Annie Robins
RESIDENCE	Rigby.	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy P. Fisher

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 10 19 13 Roy P. Fisher Registrar

..... Registrar

Aug 9, 10-13 Amb.

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File .

Registered No.

354-21-1022-415

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

[redacted] No. 11-C—20m-2-15-12

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 94 File No. 15604

Primary Registration District No. 2176 Registered No. 5

FULL NAME OF CHILD Marian Maxine Ledvina

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Vincent Ledvina	Minnie Davis
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

(Signature) Earl D. Jones D.O.

(Physician or midwife)

Address Roberts

Filed Aug 10 1913 Ralph Fuller Registrar

Aug 9, 10-13 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—20m-8-15-12

4 3 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
APR 3 4 29 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15604

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Maxine Marion Ledvina (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1913 (Date of Event) in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Maxine Marion Ledvina	Marian Maxine Ledvina

Subscribed and sworn to before me this 3rd day of April, 1973

Florence Curtright

Notary Public, residing at Borger

My commission expires 4-20-74

(Seal)

Signed Catherine R. Ledvina

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2800 N. 36th Boise

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own Childs birth certificate Daniel John Dolenar born July 14, 1942 at Boise, Idaho State File # 354004 gives mothers name as Marian Maxine Ledvina.
Viewed by VS

APR 3 1973

AUG 23 1973

Membership Card - The Methodist Church Boise, Idaho dated Oct. 28, 1962 gives name as Marian Maxine Dolenar.

Viewed by VS

25K.224.022.392

Form V. S. No. 11-C—20m-8-1[illegible]

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15605

Registration District No. 96 File No. .....

Primary Registration District No. 2176 Registered No. 16

FULL NAME OF CHILD Marguerite Ovella Sedwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	July 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Harvey Sedwick	Pearl Ovella Liston
RESIDENCE	Roberts,	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	17
BIRTHPLACE	Iowa	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones, D.O.
(Physician or midwife)

Address Roberts, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 10 1913 Rupert Frake Registrar
A.M.D.

Aug 9, 10-13

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-8-1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

JUL 6 1942

(Year)

(Year)

PLACE OF BIRTH

753.1161022.168

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

[redacted] IDAHO

BUREAU [redacted] STATISTICS

[redacted] BIRTH

Form V. S. No. 11-C—20m-8-15-12

Registration District No. 96 File No. 15606

Primary Registration District No. 2176 Registered No. 7

FULL NAME OF CHILD Vern U. Pettingill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Pettingill	Armeda Johnson
RESIDENCE	Rigby,	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S Pickett

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 16 1913 Ray S Pickett Registrar

Aug 10-13 am P.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 12 10 39 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 15606

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pettingill (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1913 (Date of Event)
in Rigby, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Certificate of Blessing and also Cert of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 8/3/13 and on 8/6/21 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vern Pettingill (Vern U Pettingill)

Subscribed and sworn to before me this 7th day of December 19 78

Notary Public, residing at Rigby, Idaho
My commission expires Lifetime
(Seal)

Signed Floyd R. Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December 19 78

Notary Public, residing at Rigby, Idaho
My commission expires Lifetime
(Seal)

Signed (Signature of Any Credible Person)

282 West 1st North
Rigby, Idaho 83442
(Street Address, City, State)

FORM DH 60-155

CL 12/4/78

Certificate of Blessing dated August 3, 1913, gives name as Vern U. Pettingill son of John Ulysses and Armeda Johnson born July 16, 1913 in Bybee, Fremont County, Idaho Blessed August 3, 1913 in L. D. S. Church.
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Vern U. Pettingill son of John U. and Armeda Johnson born July 16, 1913 at Bybee, (Jefferson County, Idaho and Baptized August 6, 1921 in L.D.S.Church.
Viewed by V.S.

264-127-022-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Kilgore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 15607

Primary Registration District No. 216 Registered No. 4

FULL NAME OF CHILD Floyd Vincent Boddy,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2	yes	July 27 1913

FATHER		MOTHER	
FULL NAME	Argia Boddy	FULL MAIDEN NAME	Elsie May Fewbaugh
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mont.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Dwan

(Physician or midwife)

Address Kilgore, Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 10 19 13 Raymond Fowler
Registrar

..... Registrar

Aug 9, 10-13 A.M.P.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

County of

449-122-0022-893

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15609

Registration District No. 96 File No. ____

Primary Registration District No. 2176 Registered No. 10

FULL NAME OF CHILD Dallas Hill Murdock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 22 1913

FATHER		MOTHER	
FULL NAME	Jo. D. Murdock	FULL MAIDEN NAME	Zina Hill
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby Ida.

Filed Aug 10 1913 Ray A. Drake Registrar

Aug 10-13 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 15609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Murdock (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 22, 1913 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 28, 1937 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Murdock	Dallas Hill Murdock

Subscribed and sworn to before me this 18th
day of February, 19 42
W. L. Brewrink, Clerk.
By C. N. Williams Deputy.
~~Notary Public, residing at~~
My commission expires
(SEAL)

Signed Joseph Stacy Murdock
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
480 College Ave. Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of February, 19 42
W. L. Brewrink, Clerk.
By C. N. Williams Deputy.
~~Notary Public, residing at~~
My commission expires
(SEAL)

Signed Gina Murdock.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
480 College Ave. Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 1 3 1944

NOV 1 3 1974

391-22-21022-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15610

Primary Registration District No. 2176 Registered No. 11

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	c	c	Yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph K. Crawford	Christie Ford
RESIDENCE	Rudy	Rudy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby,

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 10 1913 Ray A Barker
Registrar

S-Y CO. 20174

Aug 10 1913 Amos

Form V. S. No. U-C—60p-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

213-216-022-213

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 — File No. 15611

Primary Registration District No. 2176 — Registered No. 12

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female	—	—	yes	June 16

FATHER		MOTHER	
FULL NAME	K. Kato	FULL MAIDEN NAME	Yori Kato
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	Jap.	COLOR	Jap.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Labourer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 14 19 13 Lloyd Drake Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED

IN INDICATING PAT

CERTIFICATE OF A

(physician or

168-21-2-2-299 Amended 2/7/69

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE BOARD OF HEALTH STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15612

Primary Registration District No. 2176 Registered No. 13

FULL NAME OF CHILD LaVon Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 11 1943

FATHER		MOTHER	
FULL NAME	Gilbert L. Johnson	FULL MAIDEN NAME	Pearl E. Priest
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 2 19 43 Ray H. Priest Registrar

.....
Registrar

a.m.p.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lonneville } ss.

Certificate No. 15612

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1913 (Date of Event)
in Righy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LaVon Johnson

Subscribed and sworn to before me this 10th day of Sept., 19 68

Notary Public, residing at Idaho Falls, Idaho
My commission expires 17 march 1970
(Seal)

Signed Pearl Johnson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falles RT #1 299
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Sept., 19 68

Notary Public, residing at Idaho Falls, Idaho
My commission expires 17 march 1970
(Seal)

Signed [signature]
(Signature of Any Credible Person)

125 Pennsylvania Idaho Falls
(Street Address, City, State)

FORM DH 60-155

CL 9-4-68. nm

FEB 12 1969

Affidavit from Pearl Johnson, Mother of the child, who testifies that the un-named baby was later christened LaVon Johnson. Viewed by V.S.

LDS Church letter testifying that LaVon Johnson was born July 11, 1913, viewed by V.S.

962-131-022556

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Fremont

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 15613

Primary Registration District No. 2176 Registered No. 14

FULL NAME OF CHILD Thomas David Robson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David D. Robson	Alice C. Yost
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Idaho.	Mont.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird (Physician or midwife)

Address Ida. Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed ..... 19 13 Aug 10-13

Roy H. Hawkins Registrar

..... Registrar

Ord. No. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-8-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 26 1942

File No.

Stored No.

[illegible] BIRTH

County of [illegible]

MAR 23 1973

213-128-022-695

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15614

Primary Registration District No. 2176 Registered No. 15

FULL NAME OF CHILD LANSING EUGENE BATES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Edwin Bates	Mary C. Finn
RESIDENCE	Rigby,	Rigby,
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	47	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Mason,	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 10 19 13

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

NT RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 15614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record Book (Bible Record, Insurance Policy, Etc.) prepared on shortly after July 28, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lansing Eugene Bates

Subscribed and sworn to before me this 17th day of August, 19 42

Juanita V. Bashford
Notary Public, residing at Vale, Oregon

My commission expires 1/26/45
(Seal)

Signed Mary C Bates.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 E. 3rd St., Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 19 42

Juanita V. Bashford
Notary Public, residing at Vale, Oregon

My commission expires 1/26/45
(Seal)

Signed Edwin T. Bates
(Signature of Any Credible Person Other Than Previous Year)

Box 154, Vale, Oregon
(Street Address, City, State)

106 [illegible]

AUG 20 1942

AUG 1 1962

AUG 28 1975

719-104-022-667

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 96

File No. 15615

Primary Registration District No. 2176

Registered No. 16

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	C	C	Yes	June 4 1913

FATHER		MOTHER	
FULL NAME	Herbert N. Parker	FULL MAIDEN NAME	Jane E. Fox
RESIDENCE	Rigby,	RESIDENCE	Rigby,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Anderson

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1913 Rupert Parker

Registrar

Aug 10-13

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

b13

File No.

493 230 102 2-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1 [redacted]

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15616

Primary Registration District No. 2176 Registered No. 17

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	V	V	yes	July 30 [redacted]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Edward Dickins	Myla Hill
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	New York	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12½ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 9, 1913 Roger S. Beahe
Registrar

....., Registrar

8-Y CO. 20174

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 15617

Primary Registration District No. 2176 Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 2 1913

FATHER		MOTHER	
FULL NAME	Peter C. Peterson	FULL MAIDEN NAME	Hilma Matin
RESIDENCE	Rigby, R. D. 1	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Aug. 6 1913 Registrar

amg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Dept of 1913. 14378

107

622.126.022-622

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15618

Registration District No. 46 File No. .....

Primary Registration District No. 2176 Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	C	2	Yes	July 26 1913

FATHER

FULL NAME Geo Osborne

RESIDENCE Rudy

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Arkansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bessie Osborne

RESIDENCE Rudy

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray D. Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

..... Registrar

File ..... 19 13 Ray D. Fisher M.D. Registrar

Aug 9, 10-13

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Usually of

19

GE AT LAST
BIRTHDAY

21-109-022-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 46 File No. 15619

Primary Registration District No. 2176 Registered No. 20

FULL NAME OF CHILD Elwood Sayer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yo	July 9 1913

FATHER		MOTHER	
FULL NAME	Wm Sayer	FULL MAIDEN NAME	Sarah Simmons
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Tucker, (Physician or midwife)

Address Lewisville, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 10 19 13 Roy S Fisher Registrar

Aug 10-13 am

8-Y CO. 20174

JUL 12 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 27 1967 Bureau of Vital Statistics

State of Montana
County of Lewis & Clark } ss.

Certificate No. 15619

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sayer (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elwood Sayer

Subscribed and sworn to before me this 14 day of October, 19 67.

Notary Public, residing at Helena, Mont.
My commission expires Oct 7, 1970
(Seal)

Signed Mabel E. Sayer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

540 Breckenridge, Helena, Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

CL 8-16-67. one copy pd.

FORM DH 60-155

Marriage License and C rtificate, State of Idaho, County of Fremont, married Nov. 6, 1936 at St. Anthony, Idaho gives full name of groom as Elwood Sayer and full name of bride as M Florence Nolda Gerrard - viewed by V.S. DEC 4 1967

L.D S. Church Certof Record of Membership, blessed Sept. 7, 1913 at, gives full name as Elwood Sayer, born July 9, 1913 at Bybee, Idaho - Fremont County, to William M. Sayer and Sarah Simmons - viewed by V.S.

283-231-044-819

PLACE OF BIRTH

State of Washington

City of Weiser

Registration District No. 86

File No. 15620

No. ..... St.

Primary Registration District No. 2163

Registered No. 1

Hospital .....

FULL NAME OF CHILD Margaretta May Kyle

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Kyle	Elizabeth L. Harshman
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	39
BIRTHPLACE	Hancock Wisconsin	Down Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 3 1913 W. B. Hamilton Registrar

B-V CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

NOV 3 0 1973

895-101-04K 799

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

Registration District No. 86 File No. 15621

Primary Registration District No. 2163 Registered No. 2

FULL NAME OF CHILD Mark Kyle Hindman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓ (To be answered only in event of plural births)	4	yes	Aug. 1 1913

FATHER	MOTHER
FULL NAME Mark Hindman	FULL MAIDEN NAME Eva Griffith
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Baker Co Ore	BIRTHPLACE Ore
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkenhorst
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 9 1913 W. P. Hamilton Registrar

GV Co. 20174

J. C.

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended April 29, 1953

PLACE OF BIRTH

~~566-163-044-291~~

County of Washington

City of Weiser

No. 700 E. Park St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 15622

Primary Registration District No. 1010 Registered No. 3

FULL NAME OF CHILD LANCE LOWELL TOWNLEY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	8 3 1913

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank H. Townley	FULL MAIDEN NAME	Lydia Louise Kraus
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	house-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Sept. 4 1913 W.R.Hamilton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 15622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lowell Lancelot (Name on Original Certificate) who was born (Was Born or Died) on August 3, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowle ge of parent ~~prepared on~~ (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Lowell Lancelot	Lance Lowell

Subscribed and sworn to before me this 27th day of April 19 53.
Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires Jan. 20, 1955.
(Seal)

Signed Frank W. Townley Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 19 53.
Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires Jan. 20, 1955
(Seal)

Signed Lydia L. Townley
(Signature of Any Credible Person)
Weiser, Idaho
(Street Address, City, State)

156-1

Form V. S. No. 11-C—20m-2-15-12

AHO
STATISTICS
BIRTH

County of [redacted]

City of Weiser

Registration District No. 86

File No. 15623

No. ..... St.

Primary Registration District No. 1012

Registered No. 4

Hospital .....

FULL NAME OF CHILD James Edgar Jewell

4 PM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 4 1913

FATHER		MOTHER	
FULL NAME	Harry Jewell	FULL MAIDEN NAME	Belle Rossman
RESIDENCE	St Louis Missouri	RESIDENCE	Asheville N.C.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young
Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 3 1913 W. R. Hunnell
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 27 1975

APR 21 1975

749-106-04X-819

[redacted]

PLACE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 15624

No. ____ St.

Primary Registration District No. 2163 Registered No. 5

Hospital ____

FULL NAME OF CHILD Orval Albert Purcell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Aug. 6 1913

FATHER		MOTHER	
FULL NAME	Orville Purcell	FULL MAIDEN NAME	Mary Harris
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Weiser Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkinshaw

Phy. (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 9, 1913 W. R. Hamilton

Registrar

9-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at a birth, a separate certificate must be made for each and the number of each child must be stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29-Y-476.044-791

PLACE OF BIRTH

County of Washington

City of Weiser

[redacted]

CERTIFICATE OF BIRTH

15625

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2163 Registered No. 6

Hospital

FULL NAME OF CHILD Nathan LeRoy Kimball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	8	yes	Aug. 6 1913

FATHER	MOTHER
FULL NAME Nate L. Kimball	FULL MAIDEN NAME Sallie Gray
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Columbus Nebr	BIRTHPLACE Weiser Idaho
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkenhorst

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug. 9, 1913 W. R. Hamilton

Registrar

.....

Registrar

S-Y CO. 2017

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. N. State St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. N. State St.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
(f) Mother's mailing address N. State St.

3. **RESIDENCE of FATHER** (city, state): Weiser

4. **FULL NAME OF CHILD** Nathan LeRoy Kimball

5. **Date of Birth** (Month, day, year) Aug. 6th. 1913

6. Sex male

7. Twin or Triplet.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathan L. Kimball
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Polk County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Grey
17. Color or Race White
18. Age at time of THIS birth 30-36 yrs.
19. Birthplace Washington County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn two

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nathan L. Kimball, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nathan LeRoy Kimball (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nathan L. Kimball Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of October, 1941.

(SEAL) Ole N. Running Notary Public, residing at Weiser, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 15 1942

493-115-04K-713

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

[redacted] AHO STATISTICS

BIRTH

Form V. S. No. 11-C—20m-2-15-12

15626

Registration District No. 86 File No. .....

Primary Registration District No. 1010 Registered No. 7

FULL NAME OF CHILD Henry Richard Dickerson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	August 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Dickerson	FULL MAIDEN NAME	Anna Galloway
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (52) (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Johnston Co Kansas	BIRTHPLACE	Boise Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Manning

M. D. Physician (Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept. 3 1913 W. R. Hamilton

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

165-117-044-213

1004

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 15627

No. 13 & E. Commercial

Primary Registration District No. 1010 Registered No. 8

Hospital

FULL NAME OF CHILD John Rudolph Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	and 5	Yes	8 17 1913

FATHER	MOTHER
FULL NAME: James A. Jones	FULL MAIDEN NAME: Eva Jannett Saling
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Policeman	OCCUPATION: House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 .40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Weiser, Idaho.

Filed Aug. 18 1913 M. R. Hamilton

.....
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 14 1942

PLACE OF BIRTH

(County of [illegible])

993.219.a 4K.264

1905

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-13

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 337 W. Main St.

Hospital

Registration District No. 86 File No. 15628

Primary Registration District No. 1010 Registered No. 9

FULL NAME OF CHILD Jean Alice Ricker

Sex of Child	Twin Triplet or other?	(To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	#	and	1	Yes	8	19	1913

FATHER	MOTHER
FULL NAME: J. Herbert Ricker Jr.	FULL MAIDEN NAME: Oro Belle Sommercamp
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Idaho
OCCUPATION: Merchant	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 p M. on the date above stated.

(Signature) C. D. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Filed Aug. 20 1913 M. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-48

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 1 1949

APR 2 4 1975

123-170-044-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weisser

No. ____ St.

Registration District No. 86 File No. 15629

R. T. P.

Primary Registration District No. 2163 Registered No. 10

Hospital ____

FULL NAME OF CHILD Thomas R. Able

730 Cm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	August 20 1913

FATHER	MOTHER
FULL NAME: Thomas Able	FULL MAIDEN NAME: Eurania Coombs
RESIDENCE: Weiser Ida	RESIDENCE: Weiser Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mexico Mississippi	BIRTHPLACE: Gideon Wis.
OCCUPATION: Farmer.	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Ida

(Physician or midwife)

Physician

Address ____

Given names added from a supplemental report

____ 19____

Filed Sept. 3 1913 M. B. Hamilton

Registrar

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 2 8 1944

OCT 1 7 1975

361-122-04K-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15630

Registration District No. 86 File No. .....

Primary Registration District No. 2163 Registered No. 11 R & D. Mrs. A. C.

FULL NAME OF CHILD Coats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	August 22, 1913

FATHER		MOTHER	
FULL NAME	Nicholas Coats	FULL MAIDEN NAME	Alice Bennett
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	Wit
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mason Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1 30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Agnew

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 3 1913

M. P. Hamilton

Registrar

8-Y CO. 20174

Form V. S. No. 11-O—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

731-228-044-292

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. 185 E. Commercial St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 15631

Primary Registration District No. 1010 Registered No. 12

FULL NAME OF CHILD VERNA PEARL GLASBY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀	—	—	Yes	8 28 1913

FATHER		MOTHER	
FULL NAME	John E. Glasby	FULL MAIDEN NAME	Maud Kiser
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cloud Co. Kansas	BIRTHPLACE	Weiser Idaho.
OCCUPATION	Rancher	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Freeman

Physician

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 1 1913 M. R. Hamilton

Registrar

S-Y CO., 16870

MARGIN RES

WRITE PLAINLY WITH LEAD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore

OCT 3 1941

Certificate No. 15631

Date Filed

RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Glasby (Name on original certificate) who born (Was born or died) on August 28, 1913 (Date of event)
in Weiser, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Glasby	Verna Pearl Glasby

Subscribed and sworn to before me this 2nd day of October, 19 41

Notary Public, residing at Mtn. Home, Idaho

My commission expires 10-19-45

[SEAL]

Signed John E. Glasby (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mountain Home, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 41

Notary Public, residing at Mountain Home, Idaho

My commission expires 10-19-45

[SEAL]

Signed Maude Glasby
(Signature of any credible person other than the previous affiant.)

Mountain Home, Idaho
(Street Address, City, State)

OCT 3 1941

Received for filing on By
(Registrar's signature)

RECEIVED

269-23-04142

PLACE OF BIRTH

County of Washington

City of Wiesen

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 15632

Primary Registration District No. 1010 Registered No. 13

City

FULL NAME OF CHILD Ellen Amanda Borgman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	0	yes	Aug. 31 1913

FATHER		MOTHER	
FULL NAME	Noah J. Borgman	FULL MAIDEN NAME	Elizabeth Adsbron
RESIDENCE	Weisen Ida	RESIDENCE	Weisen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7 00 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weisen, Ida

Given names added from a supplemental report

..... 19.....

Filed Sept. 3 1913 M R Hamilton Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B. In case ... than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-SERVED FOR BINDING

APR 5 1951

JUN 13 1973

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

11-C—20m-8-15-12

[redacted] OF BIRTH

[redacted] Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 88 File No. 15633

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Howell Arbor Gaines

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Gaines	Mabel Cushman
RESIDENCE	Granger	Granger
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Ark	Mich
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lemuel Hopper M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 16 1913 C E Schuntz

..... Registrar

8-Y CO. 20174 Registrar

[redacted]

[redacted]

JUL 10 1963

BIRTHPLACE

OCCUPATION

955- [redacted] 044-867

[redacted] TH

County of [redacted] ho

City of Cambridge

No. ..... St.

Hospital .....

Form V, S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 15634

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Sarah Berniece Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 13 1913

FATHER

FULL NAME Chas H Reed

RESIDENCE Cambridge

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Idaho

OCCUPATION Common Laborer

MOTHER

FULL MAIDEN NAME Emma Hopper

RESIDENCE Cambridge

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Missouri

OCCUPATION NW

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper MD (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 16 1913 C E Schmutz Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own childs birth certificate gives name of mother as Sarah Berniece Reed dated 7-1-42. File # 354305 in Idaho.
Marriage certificate gives name of bride as Sarah Berniece Reed, dated 4-11-38. Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 15634

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on August 13, 1913 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Sarah Berniece Reed

Subscribed and sworn to before me this 17th day of October, 1961
June D. Breeson
Notary Public, residing at Middleton
My commission expires Dec. 15, 1962
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[signature]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1961
June D. Breeson
Notary Public, residing at Middleton
My commission expires Dec. 15, 1962
(Seal)

Signed [signature]
(Signature of Any Credible Person)
[signature] Caldwell Idaho
(Street Address, City, State)

FORM DH 60-155

OCT 24 1961

345-102-044-133

Form V. S. No. 11-C-Rpm-6-15-12

[redacted] IDAHO
[redacted] L STATISTICS
[redacted] OF BIRTH

PLACE OF BIRTH

County of Washington

City of Cambridge — Registration District No. 88 — File No. 15635

No. ..... St. — Primary Registration District No. 2164 — Registered No. .....

Hospital .....

FULL NAME OF CHILD JOHN RAYMOND TINSLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Aug 2 191[illegible]

FATHER		MOTHER	
FULL NAME	Wm R Tinsley	FULL MAIDEN NAME	Alice A Allen
RESIDENCE	Crane Creek	RESIDENCE	Crane Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Hopper M D (Physician or midwife)

Address Cambridge Idaho

Filed Sept 16 1913 C E Schmutz Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15635-

State of Washington } ss.
County of Yakima }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for John Raymond Tinsley (Name on Original Certificate) who was born (Was Born or Died) on August 2nd 1913 (Date of Event) in Cambridge Wash Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Raymond Tinsley

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge: She being the mother of John Raymond Tinsley Jr.

Subscribed and sworn to before me this day of July 1942

Notary Public, residing at Yakima

My commission expires May 21-1946.
(Seal)

Signed Alma Tinsley
(Signature of Any Credible Person Other Than Previous Year)

212 2nd 9th Street Yakima Wn
(Street Address, City, State)

JUL 8 1942

JUL 9 1942

156-201-0446-743

PLACE OF BIRTH AMENDED - 6/12/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Cambridge
No. ____ St.
Hospital ____

Registration District No. 88 File No. 15636
Primary Registration District No. 2164 Registered No. ____

FULL NAME OF CHILD Letha May Jeffries
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	Sept. 1, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Claud Jeffries	FULL MAIDEN NAME	Stella Gulick
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Ranching	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 P M. on the date above stated.
(Born alive or stillborn)

(Signature) C. E. Seherwtz
M.D.
(Physician or midwife)
Address Cambridge, Idaho

Filed Sept. 16, 1913 C. E. Seherwtz
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15636

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	Jeffrys	Jeffries

Subscribed and sworn to before me this ..... day of ..... 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Stella May Jeffries.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Adams } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of May 19 54

Notary Public, residing at Council, Idaho
My commission expires Nov 1, 1954
(Seal)

Signed Alvin A Lappan
(Signature of Any Credible Person)

(Street Address, City, State)

731-11-4104-6255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 15637

Primary Registration District No. 2164 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3rd	Yes	Sept 14 1913

	FATHER	MOTHER
FULL NAME	P Wm Gladhart	Alma Kennedy
RESIDENCE	Salubria	Salubria
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Pa	Mo
OCCUPATION	Ranching	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz MD

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 16 1913 C E Schmutz

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NAME

RESIDENCE

613 - 12[redacted]3

[redacted] 2-15-12

PLACE [redacted]

County of [redacted]

City of Pocatello — Registration District No. 84 — File No. 5 15638

No. Portneuf Siding St. — Primary Registration District No. 2161 — Registered No. 222

Hospital

FULL NAME OF CHILD Frank A. Falsetti

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug. 29 1913

FATHER		MOTHER	
FULL NAME	Mike Falsetti	FULL MAIDEN NAME	Antonia Bellucna
RESIDENCE	Portneuf Siding	RESIDENCE	Portneuf Siding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Bird

Midwife (Physician or midwife)

Address [redacted] S. Main St.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Sep 24 19 13 [redacted] Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 2 2 1975

799-123-02 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 5 15639

No. 834 W. Center St. — Primary Registration District No. 2161 — Registered No. 221

Hospital Maternity

FULL NAME OF CHILD Preest

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug. 23 1913

FATHER		MOTHER	
FULL NAME	William Oscar Priest	FULL MAIDEN NAME	Emma Jane Paulson
RESIDENCE	834 West Center	RESIDENCE	834 W. Center
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Uintah, Utah	BIRTHPLACE	Heber City, Utah
OCCUPATION	common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 905 So. Main St.

Filed Sep 24, 1913 O B Steele Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

799-111-003-791

Form V. S. No. 11-C-20m-8-15-32

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello.

No. 908 So. Main St.

Hospital Maternity

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. Y 15640

Primary Registration District No. 2161 Registered No. 217

FULL NAME OF CHILD Howard Glendale Brickett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug. 11 1913

FATHER		MOTHER	
FULL NAME	John Pearl Brickett	FULL MAIDEN NAME	Maud Estella Graham
RESIDENCE	Rupert-	RESIDENCE	Rupert-
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake, Utah
OCCUPATION	electrician	OCCUPATION	housekeeping

Number of child of this mother, including present birth, five

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 903-So. Main St.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 9-24-1913 O. J. Steed Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AGE AT LA
BIRTHDA

238-206-003-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-15-12

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 905 So. Main St.

Hospital Instanurse

Registration District No. 84

Primary Registration District No. 2161

File No. 015641

Registered No. 218

FULL NAME OF CHILD Helen Mary Schen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug. 6 1913

FATHER	MOTHER
FULL NAME Henry Jacob Schen	FULL MAIDEN NAME Jerett Tatham
RESIDENCE 1639 N. Harrison	RESIDENCE 1639 N. Harrison
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Burlington Iowa	BIRTHPLACE Wellsville, Utah
OCCUPATION Section Foreman	OCCUPATION

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 24, 1913

O B Steal
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 5 1974

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Pocatello — Registration District No. 84 — File No. 15642

No. 905 S. Main St. — Primary Registration District No. 216 — Registered No. 218

Hospital Maternity

FULL NAME OF CHILD James Brown Grannell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter A. Grannell	Bessie Ennis
RESIDENCE	25-6 St. Arthur	525 St. Arthur
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Tallahassee	Shoshone Idaho
OCCUPATION	Common labor	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

(Signature) Mrs. Annie Bird

Midwife

(Physician or midwife)

Address 905 So. Main St.

Filed Sep 29, 1913

Registrar

S-Y CO. 20174

AUG 2 9 1944

245-27-1003-419

[redacted]

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 185 So. 2nd Ave.

Registration District No. 84

Primary Registration District No. 2161

File No. 15643

Registered No. 219

Hospital

FULL NAME OF CHILD Matsuye Sunata

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	August 17 1913

FATHER		MOTHER	
FULL NAME	Tarvichi Sunata	FULL MAIDEN NAME	Kikuyo Imasada
RESIDENCE	185 So. 2nd Ave.	RESIDENCE	185 So. 2nd Ave.
COLOR	Brown	COLOR	white Japanese
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Section	OCCUPATION	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Sep 24, 1913 O. O. Steed Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

819-223-003-299

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

F IDAHO
AL STATISTICS
E OF BIRTH

15644

County of Bannock

City of Pocatello

No. 905 So. Main St.

Hospital Maternity

Registration District No. 84

Primary Registration District No. 2161

File No. 6

Registered No. 220

FULL NAME OF CHILD Laurel Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 23 1913

FATHER

FULL NAME: William Chester Harper

RESIDENCE: Burley

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Common Labor

MOTHER

FULL MAIDEN NAME: Ruth Lillie Bird

RESIDENCE: Burley

COLOR: white AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Oakley Idaho

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) Mrs. Annie Bird

Midwife
(Physician or midwife)

Address 905 So. Main St

Filed Sept 24, 1913 O. B. Stacy
Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF BIRTH

DEC 31 1942

394-102-003-986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 624 S. Harrison St.

Hospital

Registration District No. 8 8 21 / 2161

Primary Registration District No. 1002

File No. 4 15645

Registered No. 187

FULL NAME OF CHILD ~~ROBERT~~ HUGH ~~Hoggatt~~ Lorum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 2nd 1913

FATHER		MOTHER	
FULL NAME	Jas Alexander Lorum	FULL MAIDEN NAME	Anna C. Rhode
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Scotland	BIRTHPLACE	Monroe Utah
OCCUPATION	Loco Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Aug 2/13, at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sep 10, 1913

O J Deeg
Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

FEB 9 1942

Certificate No. 15645

Date Filed Feb 6 - 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Robert Hugh Crum (Name on Original Certificate) who Born (Was Born ~~or Died~~) on August 2nd 1913 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on or about August 5th 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hugh Keith Crum	Robert Hugh Crum

Subscribed and sworn to before me this 6th
day of Feby 1942.
Notary Public, residing at Los Angeles
My commission expires Feb 18-1942
(Seal)

Signed Mrs Thera Lane Fowler aunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6612 Santa Monica Blvd Los angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of Feby 1942.
Notary Public, residing at Los Angeles
My commission expires Feby 18-1942
(Seal)

Signed Wilma Graves
(Signature of Any Credible Person Other Than Previous Year)
Older Sister
6143 Elmore Ave Los Angeles Calif.
(Street Address, City, State)

1942

439-104-003-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 723 N Harrison St.

Hospital

Registration District No. ~~78~~ 84 2161

Primary Registration District No. ~~1002~~

File No. 4 15646

Registered No. 188

FULL NAME OF CHILD Charles Marks Ulrich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto C. Ulrich	Pearl J Hoberecht
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Germany	Ft. Scott, Kansas
OCCUPATION	Machinist Handy Man	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 4/13, at 12 25 9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

C.G.

Registrar

Filed Sep 8, 1913 O B Steely
Registrar

S-Y CO. 30776

Certified Copy issued Dec. 20, 1940. E.W.

249-106-003-154

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Gate City Hotel St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~78 84~~ 2167

Primary Registration District No. ~~1002~~ 1

File No. 4 15647

Registered No. 189

FULL NAME OF CHILD Jack Edwin Burton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Aug 6th 1913

FATHER

FULL NAME Edwin Chas Burton

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Brigham City Utah

OCCUPATION Clerk Williams Bro. Pool Hall

MOTHER

FULL MAIDEN NAME Myrtle Anderson

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Provo Utah

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Aug 6th 1913, at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 8, 1913

O J Hess
Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 2 1944

253-207-003-455

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 7884 2161

File No. 4 15648

Primary Registration District No. 10h

Registered No. 190

Hospital

FULL NAME OF CHILD. Helen Marjory Belknap

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	Aug 7th 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Belknap	FULL MAIDEN NAME	Rose Menard
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Crookston Minn.
OCCUPATION	Loco Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 7/13 (Born alive or stillborn) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Lacette MD

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 4, 1913 [illegible] Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 12 1948

545:208:003.419

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 340 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 2—20m-8-1

CERTIFICATE OF BIRTH

1S649

Registration District No. ~~578~~ 84 2161

File No. 4 1564

Primary Registration District No. ~~1002~~

Registered No. 191

FULL NAME OF CHILD Hattie Lung.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	August 8 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	George S. Lung	FULL MAIDEN NAME	Lillie Martin.
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	Chinese	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Baker City, Oregon.	BIRTHPLACE	Bastile, Tennessee
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 8 at 3:30 P.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Smith McCoy
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 4, 1913 W. J. Leeds
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1966

APR

639-110-003-769

PLACE OF BIRTH AMENDED JUNE 16, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

City of Pocatello

No. 420 N. 3rd St.

Registration District No. 84 File No. 15650

Hospital

Primary Registration District No. 2161 Registered No. 192

FULL NAME OF CHILD Pietro Mario Oliva
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 10, 1913

What bactericidal solution was used in eyes? 2

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER

FULL NAME: Giuseppe Basilio Oliva

RESIDENCE: Pocatello

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Italy

OCCUPATION: Machinist

MOTHER

FULL MAIDEN NAME: Rosa Portigliatti

RESIDENCE: Pocatello

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Italy

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Aug. 12, 1913 O. B. Steely Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15650

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Pete Oliva (Name on Original Certificate) who was born (Was Born or Died) on August 10, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Oct 10, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Pete Oliva	Pietro Mario Oliva
Father's Name	Vasilio Oliva	Giuseppe Basilio Oliva
Mother's Name	Portigliotti Rosa	Rosa Portigliatti

Viewed by BVS 6-16-54

Subscribed and sworn to before me this 5th day of June, 19 54.

Notary Public, residing at Buenos Aires.
My commission expires .....
(Seal)

Signed Giuseppe Basilio Oliva
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 19 54.

Notary Public, residing at Inglewood, Calif.
My commission expires My Commission Expires June 20, 1956
(Seal)

Signed Felix Oliva
(Signature of Any Credible Person)

2655 California Ave
(Street Address, City, State)
Huntington Park, Calif

DPH 52-155

291-211-003-525

Form V. S. No. 11—10m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 122 N. 8th St.

Hospital

Registration District No. 84 File No. 4 15651

Primary Registration District No. 2161 Registered No. 192

FULL NAME OF CHILD Helen Kramer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 11 1913

FATHER	MOTHER
FULL NAME John Kramer	FULL MAIDEN NAME Fay Chest.
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Ida.
COLOR white	AGE AT LAST BIRTHDAY 26 (Years)
COLOR white	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebraska City, Nebraska.	BIRTHPLACE Lincoln, Neb.
OCCUPATION Butcher	OCCUPATION Housewife.

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 11, at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Wooley

(Physician or ~~midwife~~)

Address Pocatello, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 1, 1913

O T Steed
Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—10m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

336.212.003-215

PLACE OF BIRTH

[redacted] V. S. No. 11-C—20m-2-15-12

[redacted]

County of Bannock

City of Pocatello

No. North Hayes St.

Registration District No. 84 File No. 4 15652

Primary Registration District No. 2161 Registered No. 193

Hospital

FULL NAME OF CHILD Ruth Schofield Clothier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 12th 1913

FATHER		MOTHER	
FULL NAME	Joseph Clothier	FULL MAIDEN NAME	Selma C. Dann
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Philadelphia, Pa.	BIRTHPLACE	Binghamton, N.Y.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright, M.D.

Pocatello, Idaho.

(Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 3 1913

O. B. Sloan
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 28 1942

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

City of Pocatello

Registration District No. 1002

File No. 4 15653

No. 515 N. Harrison St.

2161 8

Primary Registration District No. 28

Registered No. 194

Hospital

FULL NAME OF CHILD (Unnamed) Conrad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug 13 1913

FATHER	MOTHER
FULL NAME Edward Conrad	FULL MAIDEN NAME Eliza Whitcomb
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Perry Co Mo	BIRTHPLACE McCammon Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steer

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 15, 1913 O B Steer

Registrar

BUREAU CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at [illegible] must be made for each and the number

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

957-114 003-545

PLACE OF BIRTH

Form V. S. 46a. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 139 S. 3rd Ave.

Hospital

Registration District No. 84

Primary Registration District No. 2761

File No. 4 15654

Registered No. 195

FULL NAME OF CHILD Henry Ward Ingersoll

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 14th 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Ward Ingersoll	FULL MAIDEN NAME	Annie Noel
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Akron Ohio	BIRTHPLACE	New Harmony Ind
OCCUPATION	Time Keeper O.S.L.R.R.	OCCUPATION	Music Teacher

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Aug 14th 1913, at 1 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 1 1913

O J Steed
Registrar

S-Y. CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 6 - 1953

APR 25 1949

JAN 24 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

CERTIFICATE OF BIRTH

84

City of Pocatello

No. 437 So Grant St.

Registration District No. 1002

Primary Registration District No. 28 3161

File No. 4 15655

Registered No. 196

Hospital

FULL NAME OF CHILD Olsen, Winnifred [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	1	yes	Aug 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd V. Olsen	Winifred B. Crawford
RESIDENCE	Pocatello Idaho	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Kewanee, Ill.	Lincoln Neb.
OCCUPATION	Trainman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) O B Healey

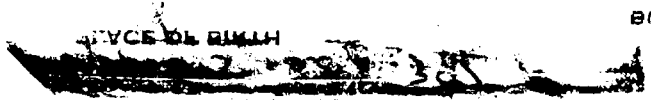
(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Aug 16 1913 O B Healey
Registrar

8-Y CO. 20174

FEB 27 1945



PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C

553 47. [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Ranch St.

Registration District No. 84

File No. 15656

Primary Registration District No. 3761

Registered No. 197

Hospital

FULL NAME OF CHILD Eva Lillis Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 17th 1913

FATHER	MOTHER
FULL NAME Nels Daniel Nelson	FULL MAIDEN NAME Hannah Lillis Farnsworth
RESIDENCE Ranch Near Pocatello	RESIDENCE Ranch Near Pocatello
COLOR W AGE AT LAST BIRTHDAY 28 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mink Creek, Idaho.	BIRTHPLACE Mt. Pleasant, Utah.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Aug 17/13, at 6-20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H L Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 2, 1913 O J Lee

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 2 9 1942

PLACE OF BIRTH

(County of

294-218-003-493

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Home

Registration District No. 84

Primary Registration District No. 2161

File No. 415657

Registered No. 198

FULL NAME OF CHILD Helen Eva Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 18 1913

FATHER		MOTHER	
FULL NAME	Frank Henry Simpson	FULL MAIDEN NAME	Lloyd Alola Miller
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Shell Lake Wisconsin	BIRTHPLACE	Cedar Rapids Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

125 N. 2nd av Pocatello
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 1 1913

Registrar

9-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

386-225-00394F

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital = None

Registration District No. 84 File No. 515658

Primary Registration District No. 2161 Registered No. 207

FULL NAME OF CHILD ~~Baby E. E. Thorpe~~ INEZ ELDA THORPE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Aug 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mr E. E. Thorpe	Miss Alma Rund.
RESIDENCE	713 N. Johnston Pocatello Ida	Pocatello Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	27.
BIRTHPLACE	Payette Idaho	Logan Idaho
OCCUPATION	Tin Smith.	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A-M. Newton M D.

(Physician or midwife)

Address 125 N. 2nd ave Pocatello Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sep 1, 1913 O. T. Hess Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15658

State of IDAHO } ss.
County of BANNOCK

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for INEZ ELDA THORPE (Name on Original Certificate) who WAS BORN (Was Born or Died) on August 25, 1913 (Date of Event)
in POCATELLO Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec 22, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Inez ~~Ella~~ Thorpe
		INEZ ELDA THORPE

Subscribed and sworn to before me this 22
day of JUNE, 19 42.
Wm. H. Mendenhall
Notary Public, residing at THATCHER, IDAHO
My commission expires SEPT 27, 1943
(Seal)

Signed Olive Martha Reed Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Parent
652 So 2nd East Salt Lake City 91 Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of JUNE, 19 42.
Wm. H. Mendenhall
Notary Public, residing at THATCHER IDAHO
My commission expires SEPT. 27. 1943
(Seal)

Signed C. H. Stephenson
(Signature of Any Credible Person Other Than Previous Year)
Thatcher Idaho
(Street Address, City, State)

JUL 1 1942

JUL 3 1992

415-120-003-714

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1518 N. Main St.

Hospital Home

Registration District No. 84 File No. 15659

Primary Registration District No. 2161 Registered No. 179

FULL NAME OF CHILD Francis Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Aug. 20 1913

FATHER	MOTHER
FULL NAME Gwyllim Davis	FULL MAIDEN NAME Irene Gaunt
RESIDENCE 1518 No. Main	RESIDENCE 1518 No. Main
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Germantown, Penn.	BIRTHPLACE Hillgard, Oregon.
OCCUPATION Passenger Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Merton

(Physician or midwife)

Address 1251 2nd Ave Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed Sep 1, 1913 O. J. Steed

Registrar

.....

Registrar

8-Y CO. 20179

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 1 2 1974

I-DAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 23 12 28 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15659

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Francis Davis

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of
April, 19 74

.....
Notary Public, residing at Pocatello, Idaho
My commission expires March 15, 1977
(Seal)

Signed .....
(Signature of Any Credible Person)

354 South 11th, Pocatello, Idaho 83201
(Street Address, City, State)

FORM DH 60-155 CL 4/12/74

MAY 8 1974

Certificate of Confirmation to the Grace Lutheran Church, Pocatello, Idaho gives name as Francis Davis. (Evangelical Lutheran Church). dated April 22, 1951. Viewed by V. S.

Honorable Discharge from the U.S. Navy gives name as Francis Davis, Seaman second Class. dated Dec. 1, 1933. Viewed by V. S.

356 [illegible]3-458

Form V. S. No. Ti-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 619 N. Arthur St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 6 15660

Registered No. 200

FULL NAME OF CHILD Eileen Leonard

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Aug 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene O Leonard	FULL MAIDEN NAME	Georgia Meyer
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Milan Mich	BIRTHPLACE	New Point Mo.
OCCUPATION	Pharmacist	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 21/13 (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 1 1913

O P Keeler
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ORD

TTENDING PHYSICIAN OR MIDWIFE

ild, who was....., at.....
(Born alive or stillborn

(Signature)

MAY 20 1952

285.2 - 003-962

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 241 N. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 515661

Primary Registration District No. 3161 Registered No. 202

FULL NAME OF CHILD MARY JANE SHERBURNE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 23rd 1913

FATHER	MOTHER
FULL NAME George H. Sherburne	FULL MAIDEN NAME Florence ~~Robertson~~ ROBINSON
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE North Dakota	BIRTHPLACE Ogden, Utah
OCCUPATION Dentist	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, Aug 23 1913, at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Wooley

(Physician ~~or midwife~~)

Address Pocatello, Idaho

Filed Sep 1, 1913

O P Lee
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15661

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Mary Jane Sherburne
birthdate	August 25, 1913	August 23, 1913
mother's name	Florence Robertson	Florence Robinson

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Gallatin }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of June, 1942

Notary Public, residing at NOTARY PUBLIC for the State of Montana, Residing at Yellowstone, Montana. My commission expires February 2nd, 1943.

My commission expires .....
(Seal)

Signed Carrie H. Sherburne
(Signature of Any Credible Person Other Than Previous Year)

412 - W Center Pocatello Idaho
(Street Address, City, State)

JUN 4 1942

JUN 8 1942

3/3-225:003-599

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-8-31-42.

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 515662

No. 651 South Main

Primary Registration District No. 2161

Registered No. 203

Hospital

FULL NAME OF CHILD Anna Marie Cathey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	J. H. Cathey	FULL MAIDEN NAME	Anna Erickson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Waynesville, N. Carolina	BIRTHPLACE	Sweden
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug 25 at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 1, 1913 [illegible]
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIF CATE OF BIRTH

PLACE OF BIRTH

APR 19 1962
MAY 10 1962

25-127.003-845

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. rough 2 miles St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 5-15664

Primary Registration District No. 2161 Registered No. 205

FULL NAME OF CHILD Keaton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug. 27 1913

FATHER

FULL NAME J. W. Keaton

RESIDENCE Pocatello Idaho

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Kentucky

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Jane Quesenberry

RESIDENCE Pocatello, Idaho

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kentucky

OCCUPATION Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, Aug 27, 1913 at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sep 1, 1913 O. F. Lee Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FOR GENERAL REGISTRATION
PRINT PLAINLY, WITH UNFADING INK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-130-003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 179 N. Grant St.

Registration District No. 84 File No. 15665

Primary Registration District No. 2161 Registered No. 206

Hospital

FULL NAME OF CHILD George Jerome Hall

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	2	Yes	Aug 30 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jerome B. Hall	FULL MAIDEN NAME	Grace Helen Lamb
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Baltimore Md.	COLOR	W
OCCUPATION	Travelling Salesman	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Loda, Kansas
		OCCUPATION	Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Aug 30/13, at 1.05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 1, 1913 O J Neece
Registrar

8-Y CO. 20174

K

PLACE OF BIRTH

MAR 3 1975

231-131-003-295

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 543 S. Harrison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-8-15.

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 15666 3

Primary Registration District No. 2161 Registered No. 207

FULL NAME OF CHILD James Edward Slack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 31 1913

FATHER	MOTHER
FULL NAME J. B. Slack	FULL MAIDEN NAME Ethel Marie Sinder
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR white	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Zanesville, Ohio	BIRTHPLACE Chicago, California
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 31st at 3:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Sep 1, 1913

O B Slack

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

314-20-0034 11

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 656 No 6th St.

Registration District No. 84 File No. 5 15667

Primary Registration District No. 2161 Registered No. 269

Hospital

FULL NAME OF CHILD Joseph Campanella

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	July 30 1913

FATHER		MOTHER	
FULL NAME	Lamine Campanella	FULL MAIDEN NAME	Emily Dajorno
RESIDENCE	656 No 6th Pocatello	RESIDENCE	Same
COLOR	Italian	COLOR	Italian
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 12, 1913

..... Registrar

O. B. Steed Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913-12725

Emma Franklin

Dup of 1913 12725

PLACE OF BIRTH

(County of)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 1140—20m-5-13-12

759 - 218-003-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 725 No. Main St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 15668

Registered No. 210

FULL NAME OF CHILD Perry MARGARET FRANCES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 / 18 / 1913

FATHER

FULL NAME: Fred T. Perry

RESIDENCE: Pocatello

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Asst. Supt. Gas Plant

MOTHER

FULL MAIDEN NAME: Marguerite Fay Miller

RESIDENCE: Pocatello

COLOR:

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Maryland

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Perry

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 12 1913

O. B. Healy
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa }

Certificate No. 15668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Frances Perry (Name on Original Certificate) who was Born (Was Born or Died) on Aug. 18, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Frances Perry

Subscribed and sworn to before me this 27th day of September, 1943.
Thomas H. Kent
Notary Public, residing at Phoenix Ariz.
My commission expires My Commission Expires June 15, 1947
(Seal)

Signed Margaret L. D. Perry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

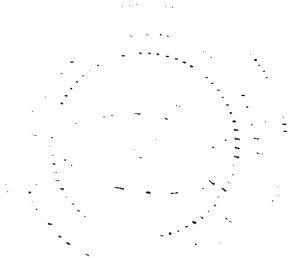
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

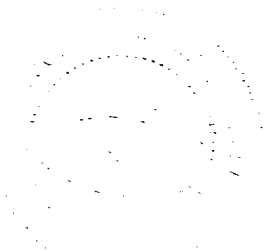
Subscribed and sworn to before me this 27th day of September, 1943.
Thomas H. Kent
Notary Public, residing at Phoenix Ariz.
My commission expires My Commission Expires June 15, 1947
(Seal)

Signed Ralph Eaton
(Signature of Any Credible Person Other Than Previous Year)

536 W. Encanto, Phoenix Ariz.
(Street Address, City, State)

OCT 11 1943





OCT 13 1943

[redacted] No. 11-O-30m-2-18-13

County of [redacted]

City of Pocatello — Registration District No. 84 — File No. 15669

No. 909 N. Fremont St. — Primary Registration District No. 21 C 1 — Registered No. 311

Hospital

FULL NAME OF CHILD Pearl Helen Hood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Aug 19 1913

FATHER		MOTHER	
FULL NAME	Alma Moscah Hood	FULL MAIDEN NAME	Pearl Stewart
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Expressman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated, at 11 35 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. M. [illegible]
(Physician or midwife)

Address Pocatello Idaho

Filed Sep 12 1913 [illegible]
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 2 1972
MAY 6 1974

469-21-003-691

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 357 So Main St.

Hospital

Registration District No. 84 File No. 15670

Primary Registration District No. 2161 Registered No. 212

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Aug 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph E Morrison	Jennie Frazier
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	24
BIRTHPLACE	New York	New York
OCCUPATION	Mine Inspector	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Kay

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Sep 12 1913 O. B. Lewis Registrar

B-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

819-21-493-24

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of 4 mi. N. Pocatello Registration District No. 84 File No. 15672

No. ....., ... St.

Primary Registration District No. 2161 Registered No. 213

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-----	-----	Yes	Aug. 21, 1913

FATHER	MOTHER
FULL NAME: Wm. Alfred Harrell	FULL MAIDEN NAME: Maudie Bell Cotham
RESIDENCE: 4 mi. N. Pocatello	RESIDENCE: 4 mi. N. Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Georgia	BIRTHPLACE: Briar, Texas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. J. Howard MD

(Physician or Midwife)

Address Pocatello Idaho

Filed Sept 1, 1913 W. B. Heaton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

918-204-003-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15674

County of Bannock

City of Pocatello

No. 540 W. Wyeth *St.*

Hospital ----------

Registration District No. 84

Primary Registration District No. 2161

File No. 5

Registered No. 215

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-----	----	Yes	August 4th, 1913

FATHER	MOTHER
FULL NAME: Fred Merton Ray	FULL MAIDEN NAME: Rachel Jones
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Malad, Idaho
OCCUPATION: Physician	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:40 P. M. on the date above stated.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed Sep 1, 1913

Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

PLACE OF BIRTH

(County of ...)

(City of ...)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

DUP OF 1913-300117

235-217-E-C3-168

PLACE OF BIRTH

STATE OF IDAHO — Form V. S.-No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 755 N. Hayes St.

Hospital ----------

Registration District No. 84

File No. 5 15675

Primary Registration District No. 2161

Registered No. 916

FULL NAME OF CHILD ELIZABETH LELA STEPP

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	------	------	Yes	August 17" 1913

FATHER

FULL NAME: George Bishop Stepp

RESIDENCE: Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Kansas City, Mo.

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Emma Johnson

RESIDENCE: Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Blackfoot, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 1, 19 13

W. B. Rice
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 15675

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Lela Stepp (Name on Original Certificate) who was born (Was Born or Died) on August 17, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by natural mother (Bible Record, Insurance Policy, Etc.) prepared on actuall knowlege (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Lela Stepp
		Elizabeth Lela Stepp

Subscribed and sworn to before ~~me~~ this 2nd day of November 1942.

Notary Public, residing at Gooding, Idaho

My commission expires March 8, 1943.
(Seal)

Signed Mrs Emma A. McConnick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bliss, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before ~~me~~ this 2nd day of November 1942.

Notary Public, residing at Gooding, Idaho

My commission expires March 8, 1942.
(Seal)

Signed Mrs Mary Phillips
(Signature of Any Credible Person Other Than Previous Year)

Phillips Rooming House
Gooding, Idaho
(Street Address, City, State)

NOV 9 1942

365.207.00.6-466

PLACE OF BIRTH

Form V. S. No. 1705—Jan. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15676

Primary Registration District No. 2147 Registered No. 168

FULL NAME OF CHILD JULIA MAURINE COE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	8 4 1913

FATHER	MOTHER
FULL NAME Roy Coe	FULL MAIDEN NAME Lua Simons
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Carpenter	OCCUPATION H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 8—6 1913 Edwin Cutler M.D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 15676

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Birth for (NAME ON ORIGINAL CERTIFICATE) Unnamed who (WAS BORN OR DIED) was born on (DATE OF EVENT) Aug. 4th 1913 in (PLACE OF EVENT) Idaho Falls, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) Certificate of Blessing prepared on (GIVE DATE) Sept 7th 1913, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Julia Maurine Coe

Subscribed and sworn to before me this 16th day of January, 1943.

Signed Mrs Iva Belle Coe

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Costa Mesa, Calif.

My commission expires .....
(SEAL)

1829 Orange Ave. Costa Mesa
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 23 1943

JAN 25 1943

PLACE OF BIRTH AMENDED JULY 3, 1954

844.108-006.268

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Registration District No. 69 File No. 15677

Hospital ____ Primary Registration District No. 2147 Registered No. 173

FULL NAME OF CHILD Glendon Humpherys
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	August 8, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: George William Humpherys	FULL MAIDEN NAME: Nellie Thomas Boyce
RESIDENCE: Shelley, Idaho	RESIDENCE: Shelley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: H.K.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M.D.

Physician
(Physician or midwife)

Address Shelley, Idaho

Filed 8-9- 1913 Edwin Cutler, M.D.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 2 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15677

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glendon E. Humpherys (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1913 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on December 7, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) Viewed 7-3-54	TO (The Correct Facts)
Birth Date	August 7, 1913	August 8, 1913
Father's Name	W. J. Humpherys	George William Humpherys

Subscribed and sworn to before me this 25 day of June, 1954

J. F. Houlton
Notary Public, residing at Blackfoot Ida.
My commission expires June 11, 1958
(Seal)

Signed Nellie W. Humphreys
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1954

J. F. Houlton
Notary Public, residing at Blackfoot Ida.
My commission expires June 11, 1958
(Seal)

Signed O. D. Thomas
(Signature of Any Credible Person)

584 S. Glen Blackfoot Ida
(Street Address, City, State)

2-006-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15678

Bingham

City of Goshen

Registration District No. 69 File No.

No. St.

Primary Registration District No. 2143 Registered No. 176

Hospital

FULL NAME OF CHILD George Harold Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4-22-1913

FATHER	MOTHER
FULL NAME J. M. Hansen	FULL MAIDEN NAME Eliza Christensen
RESIDENCE Goshen	RESIDENCE Goshen
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

....., 19.....

Filed 5-24-1913 Edwin Cutler M.D.

Registrar

S-Y CO. 20174

Registrar

C

n District Nc

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 15678
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Hanson (Name on original certificate) who born (Was born or died) on Aug 22, 1913 (Date of event)
in Goshen, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No name Hanson	Geo. Harold Hansen

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Edwin Ritter M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shelley Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

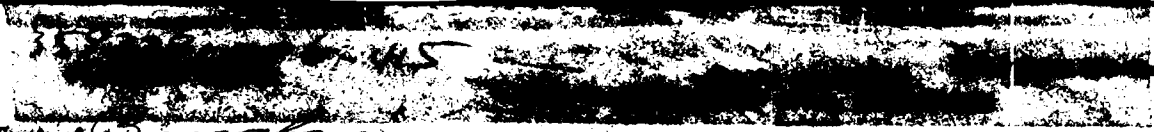
Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Sanpete

City of Shelley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15679

Primary Registration District No. 2147 Registered No. 177

FULL NAME OF CHILD RUTH IRETA TERRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 27 1913

FATHER

FULL NAME John A. Terry

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruth Daniels

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION H. K.

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D

(Physician, ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 9-30 1913 Edwin Cutler M. D

Registrar

..... Registrar

8-Y CO. 20174

PLACE OF BIRTH

(County of)

FEB 9 1951

155:119:06:132

PLACE OF BIRTH

STATE O[redacted] Form 9-15-13

BUREAU OF VIT[redacted]

CERTIFICATE [redacted]

County of Brigham

City of Shelley

Registration District No. 69 File No. 15680

No. ..... St.

Primary Registration District No. 2147 Registered No. 178

Hospital .....

FULL NAME OF CHILD Lawrence DeWayne Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	8 — 17 — 1913

FATHER		MOTHER	
FULL NAME	Lisartus Jensen	FULL MAIDEN NAME	Albertina Albertsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 8 — 21 — 1913 Edwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DeP061913-325913

ed States
artment of Commerce
eau of the Census

OCT 30 1917

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

PLACE OF BIRTH:
(a) County Bingham (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hospital or Maternity Home ..... Days
In **THIS** county 21 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

FULL NAME OF CHILD Lawrence DeWayne Jensen
5. DATE OF BIRTH (Month, day, year) 8-19-17
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Marlin Jensen
Color or Race White
12. Age at time of THIS birth 37 yrs.
Birthplace Denmark (City or Town) (State or foreign country)
Exact Occupation Farmer
Industry Business At home

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Albertina Albertson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hyrum Utah (City or Town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Albertina (First name) Jensen (Last name), who is related to this child as Mother (Mother, etc.)

OCT 29 1917

(a) RECEIVED (Date received) (b) (Registrar's signature)

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 10-11-17

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which the as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the a physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chil householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of su having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and s to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inter 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for t pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any othe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Cripplied Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before c

Yes..... No. No Pos..... Ne

(e) Signature of Physician:

Edwin Cutler

437-203-006-000

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15681

Primary Registration District No. 2147 Registered No. 181

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	August 3 1913

FATHER		MOTHER	
FULL NAME	J. F. McGrath	FULL MAIDEN NAME	
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wis.	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 9—1 1913 Edwina Cutler Reg...

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 12 1969

County of Ada

Z no mother

2 89-228-006819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. 6 St.

Hospital

Registration District No. 69 File No. 15683

Primary Registration District No. 2147 Registered No. 183

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 28 1913

FATHER		MOTHER	
FULL NAME	I V. Shumm	FULL MAIDEN NAME	Blanche Harper
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapp Midwife (Physician or midwife)

Address Shelley

Given names added from a supplemental report. ..... 19.....

Filed 9—1—1913 Edwin Cather M. D. Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAR 21 1974

491-214-006-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. 15684

Primary Registration District No. 2147 Registered No. 184

FULL NAME OF CHILD Della Maude Dial

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 14 1913

FATHER		MOTHER	
FULL NAME	W. B. Dial	FULL MAIDEN NAME	Temperance Inoard
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Baggage and Expressman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapsley

Midwife
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9—1 1913 Edwin Cutler M. D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Ada }

Certificate No. 15684

Date Filed

RECEIVED DEC 6 1965 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dial (female child) who was born on Aug. 14, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Shelley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Della Maude Dial

Subscribed and sworn to before me this 3 day of December, 1965

Notary Public, residing at Wardner

My commission expires 5-1-67

(Seal)

Signed Della Maude Dial
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 417 Wardner, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of December, 1965

Notary Public, residing at Boise

My commission expires 5-1-67

(Seal)

Signed L. Lee Downey
(Signature of Any Credible Person)

Box 458 Warden, Wash.
(Street Address, City, State)

K FORM DH 60-155 CL 7-27-65. nm

Patriarch Blessing, L.D.S. Church, gives full name as Della Maude Dial, daughter of William Burriss Dial and Temperance Lavina (Moore) Dial, born Aug. 14, 1913 at Shelley, Idaho - viewed by V.S.

JAN 3 1966

Letter written to Miss Della Maude Dial, Shelley, Idaho on March 1, 1938 from the L.D.S. Church, Salt Lake City, Utah states "You have been recommended as being worthy to fill a mission. It therefore gives us pleasure to call you to labor in the Southern States Mission." - viewed by V.S.

465-107-006-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15685

Primary Registration District No. 2147 Registered No. 172

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	7 2 1913

FATHER	MOTHER
FULL NAME Chas. A. Incantagna	FULL MAIDEN NAME Ethel Robinson
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Salesman	OCCUPATION H. K.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eduwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 7-9 1913 Eduwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 10-C-Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

494-118:006-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15686

Primary Registration District No. 2147 Registered No. 174

FULL NAME OF CHILD Irven Rider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin	1	yes	3 – 18 – 19

FATHER		MOTHER	
FULL NAME	John W. Rider	FULL MAIDEN NAME	Rhoda Jones
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 + 2

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 7-20 1913 Edwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O-20m 2-1944

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

JUL 2 8 1944

994-1 [redacted]

PLACE

County of [redacted]

City of Woodville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15687

Primary Registration District No. 2147 Registered No. 125

FULL NAME OF CHILD Evan Rider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin	2	yes	7 — 18 — 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Mc Rider	Rhoda Jones
RESIDENCE	Woodville	Woodville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 7 — 20 — 1918 Edwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 7 1964
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 15687

Date Filed .....

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Unnamed Rider (male child - 2nd twin) who was born on July 18, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Woodville, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evan Rider

Subscribed and sworn to before me this 23 day of
November, 1964

Notary Public residing at Blackfoot, Idaho
My commission expires Feb. 19, 1967
(Seal)

Signed Lenna Mary Chaffin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

530 So. Cleveland, Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of
November, 1964

Notary Public, residing at Blackfoot Idaho
My commission expires Feb. 19, 1967
(Seal)

Signed LaVon Rider
(Signature of Any Credible Person)

191 N.W. Main Blackfoot Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-13-64. nm

Certificate of Blessing, L. D. S. Church Record, for Evan Rider, born July 18, 1912, at Woodville, Bingham Co., Idaho son of John M. Rider and Rhoda S. Rider. Blessed on August 2, 1914 - viewed by V. S.

DEC 10 1964

Certificate of Baptism and Confirmation, L. D. S. Church Record, for Evan Rider, born July 18, 1913, at Woodville, Bingham Co., Idaho son of John M. Rider and Rhoda S. Jensen. Baptized on August 6, 1921 and Confirmed on August 7, 1921 - viewed by V. S.

786-105-006-884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15688

Primary Registration District No. 2147 Registered No. 167

FULL NAME OF CHILD Norman H. Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 8 1913

FATHER	MOTHER
FULL NAME Charles W. Lyon	FULL MAIDEN NAME Saloma Thomas
RESIDENCE Basalt	RESIDENCE Basalt
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-7 1913 Edwin Cutler M.D.
Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

FEB 7 1944

Certificate No. 15688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for name not give except Lyon (Name on Original Certificate) who born (Was Born or Died) on July 5, 1913 (Date of Event)
in near Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on kept since her marriage (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Norman H. Lyon
Fathers Name	C. W. Lyon	Chas. W. Lyon
Mothers Name	Salomie Hymas	Saloma Hymas

Subscribed and sworn to before me this 3rd
day of February, 19 44

Lorenzo R Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1947
(Seal)

Signed Saloma Hymas Lyon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of February, 19 44

Lorenzo R Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1947
(Seal)

Signed Nehrles W Lyon
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho
(Street Address, City, State)

FEB 11 1944

DEC 5 1974

[redacted] 06-689

Co. [redacted] Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. Ha. 11-C [redacted]

CERTIFICATE OF BIRTH

City of Basalt

Registration District No. 69 File No. 15689

No. ..... St.

Primary Registration District No. 2147 Registered No. 121

Hospital .....

FULL NAME OF CHILD Darrell Amesie Croney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amesie Croney	Bratney Whitehill
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	18
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 7-7 1913 Edwin Cutler M.D.

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 20 1971

1/31/41 L. B.

619-2294406-253

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15691

Primary Registration District No. 2147 Registered No. 15-5-

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	July 29 1912

FATHER		MOTHER	
FULL NAME	Harrington H. K.	FULL MAIDEN NAME	Mary E. Kelley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	H. K.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-30 1913 Edwin Cutler Jr
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 12 1969
DEC 4 1969

689-228-006-884

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-1543

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 69 File No. 15692

No. ..... St.

Primary Registration District No. 2147 Registered No. 145

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	July 28 1913

FATHER		MOTHER	
FULL NAME	Geo. C. Whitmill	FULL MAIDEN NAME	Effie Jo Hymas
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Clerk	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Idaho
		OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report

Address Shelley

..... 19.....

Filed 7-29 1913 Edwin Cutler M.D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q—20m—5-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

MAY 21 1974

230-231-006-346

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15693

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 69 File No. .....

Primary Registration District No. 247 Registered No. 189

Hospital .....

FULL NAME OF CHILD Elaine Stolworthy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)
Female			yes	July

FATHER		MOTHER	
FULL NAME	W. D. Stolworthy	FULL MAIDEN NAME	Lovera Luff
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at [illegible] M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Ruf[illegible]
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho

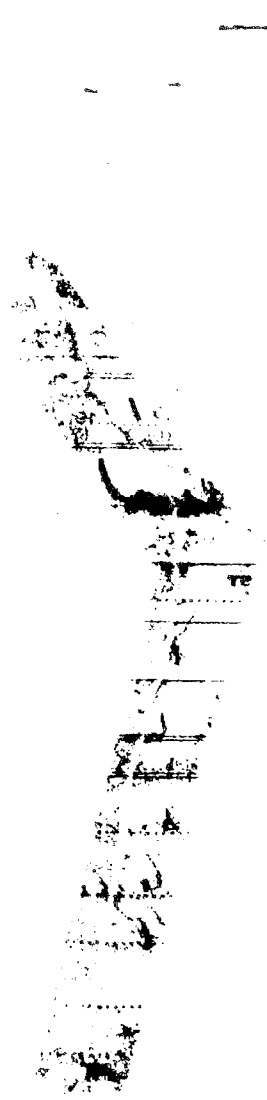
Filed 8—1—1913. Edwin C. Eth[illegible]
Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR ~~DEATH~~

State of Idaho } ss.
County of Bingham }

Certificate No. 15693

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Stolworthy (Name on original certificate) who was born on July 31 - 1913 (Was born or died) (Date of event)
in Shelley (Place of event) Idaho are erroneous (or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bells Church Record prepared on ✓ (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Stolworthy	Elaine Stolworthy

Subscribed and sworn to before me this 20
day of December, 1941.

J. F. Anderson
Notary Public, residing at Blackfoot Idaho
My commission expires July 1 - 1942
[SEAL]

Signed Martha Sovera Stolworthy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Blackfoot R 1 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of December, 1943.

Notary Public, residing at Blackfoot, Idaho.
My commission expires Oct. 1, 1944.
[SEAL]

Signed W. F. Bills
(Signature of any credible person other than the previous affiant.)
Blackfoot Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 2 9 1943

655·154·006·269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Basalt

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15694

Primary Registration District No. 2147 Registered No. 138

FULL NAME OF CHILD CLAUDE LEON OVERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			yes	July 24 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ova Overson	Lillie Sorensen
RESIDENCE	St Johns Arizona	St Johns Arizona
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Arizona	Arizona
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elizabeth J. Rappleye Midwife

(Physician or midwife)

Address Mud Lake

Filed 8—1 1913 Edward Cutler M.D.

Registrar

S-Y CO. 24658

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4/12/82

City of Goshen

Registration District No. 67 File No. 15695

No. ..... St.

Primary Registration District No. 2147 Registered No. 131

Hospital .....

FULL NAME OF CHILD Fern Monson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month)	(Day)	(Year)
Female			Yes	July	3	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Monson	Rebecca Amundsen
RESIDENCE	Goshen	Goshen
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Norway
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Roberts M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed Jy 1 1913 Edwin Cutler Y.C.

S-Y CO. 20174

Registrar

Registrar

Form V. S. No. 11-D—30m-5-47-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4/12/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho
County of Ada } ss.

APR 12 10 57 AM '82

Certificate No. 15695
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Monson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 3, 1913 (Date of Event)
in Goshen, ID Bingham (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of child	omitted	Fern Monson
name of father	June? Monson	Willard Monson
name of mother	Edmondson	Rebecca Amundsen

Subscribed and sworn to before me this 12th day of April, 1982

Notary Public, Linda Adamson

Residing at Nampa

My commission expires April 3, 1985

(Seal)

Fern Barker
Signature of Applicant

376 Alice Idaho Falls, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 12 1982

Certificate of Baptism gives name as Fern Monson daughter of Willard Monson and Rebecca Amundsen born 3 July 1913 at Goshen ,Bingham, Idaho. Baptized 7 Aug. 1921 LDS church
Viewed by V.S.

Marriage certificate of parents Willard Monsen and Rebecca Amundsen married at Cache county Utah Nov. 24, 1905.
Viewed by V.S.

Certificate of Marriage of Harold Willard Barker and Fern Monson. Married Cache county Utah Nov. 26, 1932.
Viewed by V.S.

719-203-00k 843

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15696

Primary Registration District No. 2147 Registered No. 130

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	July 3 1913

FATHER		MOTHER	
FULL NAME	Frank Garner	FULL MAIDEN NAME	Hill
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 8-1 1913 Edwin Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. 1. 11-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

369-114-006319

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

15697

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 129

FULL NAME OF CHILD Wendell Twitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	July 14 1913

FATHER		MOTHER	
FULL NAME	Wm Twitchell	FULL MAIDEN NAME	Edna Carson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Roberts M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 8—1 1913 Edwin Cutler Registrar D

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15697

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Twitchell (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1913 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Twitchell	Wendell Twitchell

Subscribed and sworn to before me this 13 day of March, 19 70

Notary Public, residing at Shelley, Idaho

My commission expires 10/15/72

(Seal)

X Signed Edna C. Twitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

NW. FAIRGROUNDS - BLACKFOOT, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/11/70 1 cc pd. Rec. # 30794 ("T")

Application to the Pacific National Life Assurance Co. Salt Lake City gives name as Wendell Twitchell born July, 1913. Dated Spetember 18, 1940. Signed by Othello Hickman. Viewed by V. S.

MAR 19 1970

Honorable Discharge from the Army of the United States gives name as Wended Twitchell born July 14, 1913. Date of Sepraration February 17, 1946. Signed by H. S. Orvis 1st LTAC. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-130-006-432

PLACE OF BIRTH

Form V. S. No. 10-D—40m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15698

Primary Registration District No. 2147 Registered No. 166

FULL NAME OF CHILD Charles Ivan Mathews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6 30 1913

FATHER		MOTHER	
FULL NAME	Grant Mathews	FULL MAIDEN NAME	Luella Ivie Brido
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 7-1 1913 Edwin Cutler Jr.

Registrar

..... Registrar

B-Y CO. 20174

Form V.S. No. 10-C-60m-7

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

142-207006319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basin

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15699

Primary Registration District No. 247 Registered No. 169

FULL NAME OF CHILD PHYLLIS ZELMA JUST

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	6 — 3 — 1913

FATHER	MOTHER
FULL NAME James Just	FULL MAIDEN NAME Orillia Carson
RESIDENCE Preston	RESIDENCE Preston
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 32 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or mid-wife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 6 — 5 — 1913 Edwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-5-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 1 8 1953

APR 6 1954

City of Shelley — Registration District No. 67 — File No. 15701

No. ____ St. — Primary Registration District No. 2147 — Registered No. 169

Hospital ____

FULL NAME OF CHILD MILDRED MAXINE LARSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	6 11 1918

FATHER		MOTHER	
FULL NAME	Burkley Larsen	FULL MAIDEN NAME	Florence Jungy
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eduarn Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

....19....

Filed 6-13 1918 Eduarn

....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

MAP SHOWING RESERVED LOT FOR BUILDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15701

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mildred Maxine Larsen

Subscribed and Sworn to before me this 20th
day of February, 1943.

L. Dwayne Peterson
Notary Public, residing at Shelley Idaho
My commission expires June 16, 1944.
(SEAL)

Signed J. H. Berkeley Larsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) (Father)
Firth, Idaho, R. 1.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 24 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Woodville

Registration District No. 69 File No. 15702

No. ..... St.

Primary Registration District No. 2147 Registered No. 184

Hospital .....

FULL NAME OF CHILD Dora Alviteen Gifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	6 — 28 1913

FATHER		MOTHER	
FULL NAME	Geo. Alvin Gifford	FULL MAIDEN NAME	Florence Ellen Steffin
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed July 19 B Eadmaster Cutler Ln. X

..... Registrar

Registrar

8-Y CO. 20174

Own Child's Birth Cert. on file: #51-01418 (Idaho Birth) gives full maiden name of mother as Dora Alviteen Grifford - viewed by V.S. original page from Family Bible, appears old and unaltered gives full names as David Earl Hill, born Feb. 24, 1893 and Dora Alviteen Gifford, born June 28, 1913 - married June 6, 1934 in the Logan Temple, Logan, Utah - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15702

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gifford (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1913 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on August 3 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dora Alviteen Gifford

Subscribed and sworn to before me this 29th day of March, 1962

Joe F McReynolds
Notary Public, residing at Olympia Wash
My commission expires May 8 1962
(Seal)

Signed Florence E Gifford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2 Box 75
Olympia Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1962

Joe F McReynolds
Notary Public, residing at Olympia Wash
My commission expires May 8 1962
(Seal)

Signed Lorna (Gifford) Vegas
(Signature of Any Credible Person)
R 2 Box 202 - Olympia, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 3-5-62. 1 Copyed.

APR 18 1962

238-22-3006-459

[redacted]

Form V. S. No. 11-C—Rev. 2-[illegible]

PLACE OF BIRTH

DAHO
STATISTICS
F BIRTH

County of Bingham

City of Shelley

Registration District No. 69 File No. 15703

No. ..... St.

Primary Registration District No. 2147 Registered No. 183

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	6 - 25 - 1913

FATHER		MOTHER	
FULL NAME	F. C. Schaer	FULL MAIDEN NAME	Marion Tuckett
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	School teacher	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed July 19 13 Edwin Cutler Reg. D

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

269-226-006-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. _____ St.

Hospital _____

Registration District No. 69 File No. 15704

Primary Registration District No. 247 Registered No. 137

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Neel Sorensen	Nellie McLean
RESIDENCE	Portersville	Portersville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Utah	Iowa
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

Midwife
(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-1 1913 Edwin Cutler, M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Dup of 1913 · 327574

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314209.006-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. _____ St.

Hospital _____

Registration District No. 69 File No. 15705

Primary Registration District No. 247 Registered No. 136

FULL NAME OF CHILD Celesta Campbell

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: June (Month) 9 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: B. F. Campbell	FULL MAIDEN NAME: Emily Johnson
RESIDENCE: Woodville	RESIDENCE: Woodville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Day laborer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: _____

Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-1-1913 Edwin Cutler Jr. D. Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JAN 5 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 15705

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Campbell (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1913 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Celesta Campbell

Subscribed and sworn to before me this 10 day of January, 1967

Notary Public, residing at Provo, Utah
My commission expires 12/8/68
(Seal)

Signed Emily F. Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of September, 1966

Notary Public, residing at NOTARY PUBLIC, Residing at Provo, Utah
My commission expires My Commission Expires April 1, 1969
(Seal)

Signed Peter Alexander Egbert
(Signature of Any Credible Person)

864 E. 200 N. Provo, Utah
(Street Address, City, State)

FORM DH 60. 155

CL 11-27-64. ~~mm~~ one copy pd. rec. #67-5006.

State of Utah, Marriage License and Certificate, ~~Cosn~~ County of Garfield, married July 18, 1933 gives full name of groom as Fred Alexander and full name of bride as Miss Celesta Campbell - viewed by V.S.

FEB 7 1967

MAY 24 1971

16922-006

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15706

Primary Registration District No. 2147 Registered No. 128

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female	✓	2	yes	June 21 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Jorgensen	FULL MAIDEN NAME	Anna Guttie
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Machinist	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Utah
		OCCUPATION	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Robertson M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed July 1 1913 Edwin Cutler M.D.
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

Dupy 1913-338945

599-209.006-748

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

Amended 2-13-76

City of Shelley

Registration District No. 69 File No. 15707

No. ..... St.

Primary Registration District No. 2147 Registered No. 163

Hospital .....

FULL NAME OF CHILD Pauline Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	5-9-1913

FATHER	MOTHER
FULL NAME Otway Erickson	FULL MAIDEN NAME Ida Estella Guymon
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ireland	BIRTHPLACE Utah
OCCUPATION Builder	OCCUPATION H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-9 1913 Edwin Cutler M.D.

Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4 22 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 13 10 21 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 15707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Erickson (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1913 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Pauline Erickson
Date of birth	May 8, 1913	May 9, 1913

Subscribed and sworn to before me this 12th day of February, 19 76.
Notary Public, residing at Teton, Idaho
My commission expires 5-7-79
(Seal)

Signed Pauline Hunkins Nelson (Married)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
H 3 S 2nd W Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 19 76.
Notary Public, residing at Teton, Idaho
My commission expires May 7, 1979
(Seal)

Signed Walter L. Hammer (Uncle)
(Signature of Any Credible Person)
3334 Monroe Blvd. #10
Ogden, Utah
(Street Address, City, State)

FORM DH 60-155 1 copy paid Rec. # 06124

Statement by attending physician gives name as Pauline Erickson born May 9, 1913 to Autna Erickson and Ida Estelle Guymon. Child born at Shelley, Idaho.
Viewed by V.S. Doctor signed May 9, 1945 Dr. Cutler

FEB 13 1976

Own childs birth certificate gives name of mother as Pauline Erickson. Child born Sept. 28, 1935, in Rexburg, Idaho. Certificate # 237319.
Viewed by V.S.

213-211-006 619

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15709

Primary Registration District No. 247 Registered No. 152

FULL NAME OF CHILD Margaret Bernice Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 — 11 — 1913

FATHER		MOTHER	
FULL NAME	Parley Bates	FULL MAIDEN NAME	Nora Farrel
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Shelley	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or ~~midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 8 — 12 1913 Edwin Cutler M. D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-18-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 1 0 1945

PLACE OF BIRTH

(County of [illegible])

219-201-006-255

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67 File No. 1571

Primary Registration District No. 2147 Registered No. 152

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3-1-19[illegible]

FATHER		MOTHER	
FULL NAME	C. F. Bailey	FULL MAIDEN NAME	Rode Kenney
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Idaho
		OCCUPATION	H. K.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 3-3 1912 Edwin Cutler Jr

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

869-23-606-813

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [redacted]

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15711

Primary Registration District No. 2147 Registered No. 158

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	5 28 1913

FATHER		MOTHER	
FULL NAME	A. S. Jorgenson	FULL MAIDEN NAME	Effie Hall
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	H. K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 6-23 1913 Edwin Cutler M. D.
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

647-29:006-3F6

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 69 File No. 15712

No. ..... St.

Primary Registration District No. 2147 Registered No. 180

Hospital .....

FULL NAME OF CHILD Thelma Fugal

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	5 29 1913

FATHER

FULL NAME James T. Fugal

RESIDENCE Woodville

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Sheepman

MOTHER

FULL MAIDEN NAME Emma R. Thorn

RESIDENCE Woodville

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 6—30 1913 Edwin Cutler M.D.

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1968

CHILD'S NAME ADDED AND FATHER'S NAME AMENDED 2-21-08 DHS

24/29.006-056

Form V. S. No. 11-C—[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Registration District No. 69 File No. 15713

Primary Registration District No. 2147 Registered No. 126

Hospital ____

FULL NAME OF CHILD ALTA BURKE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	~	~	yes	May 28 1913

	FATHER	MOTHER
FULL NAME	ALMA Truett Burke	FULL MAIDEN NAME Kenneth Steward
RESIDENCE	Shelley	Shelley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth (3rd) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Robertson M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

....., 19.....

Filed 6-1- 1913 Edwin Cutler M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] Form VS. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 13-15713
Date Filed June 1, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for baby girl Burk (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 28, 1913 (Date of Event)
in Shelley (Bingham Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unlisted	Alta Burke
Father's name	Emile Burk	Alma Burke

Subscribed and sworn to before me this 13th day of February 2008
Notary Public, Kristy Tatton
Residing at Heber, Utah
My commission expires 8-8-09
(Seal)

x Alonna Cook
Signature of Applicant
1010 S. 1000 W. Heber, Utah 84032
Street Address, City, State and Zip

NOTARY PUBLIC
KRISTY TATTON
81 E Center St
Heber City, UT 84032
My Commission Expires
August 8, 2009
STATE OF UTAH

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

01-29-08

CERTIFICATE OF BLESSING FOR ALTA BURKE BORN 5/28/13 TO ALMA BURKE AND ASENITH HOWARD WAS BLESSED 7-7-13. VIEWED BY VS

SHELLEY HIGH SCHOOL DIPLOMIA FOR ALTA BURKE DATED 5-28-31. VIEWED BY VS

IDAHO BIRTH CERTIFICATE #12-5432 FOR HELEN BURKE, BORN 4/25/12 TO ASENETH HEWARD AND ALMA BURKE VIEWED BY VS

IDAHO DEATH CERTIFICATE #55-1245 FOR ALMA BURKE, DIED 4/22/55 IN IDAHO FALLS, ID VIEWED BY VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-224.006-154

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15714

Primary Registration District No. 2147 Registered No. 127

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		yes	May 24 1913

FATHER		MOTHER	
FULL NAME	Joseph Smith	FULL MAIDEN NAME	Myrtle Anderson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mich.	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11½ P.M. on the date above stated.

(Signature) J. E. McCarty M.D.

(Physician or midwife)

Address Shelley

Filed 6—1 1913 Edwin Cutler Jr. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C - Sept-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

36(2)19.006-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Taylor

No. ..... St.

Registration District No. 69 File No. 15715

Primary Registration District No. 2152 Registered No. 133

Hospital .....

FULL NAME OF CHILD Verda Ann Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 18 1913

FATHER	MOTHER
FULL NAME James Cook	FULL MAIDEN NAME Lena Buckmiller
RESIDENCE Taylor	RESIDENCE Taylor
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Roberts M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6—1 1913 Edwin Cutler Jr. D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-3-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Dead) or

FEB 2 6 1973

652.206.006-485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

Registration District No. 69

File No. 15716

No. _____ St.

Primary Registration District No. 2147

Registered No. 135

Hospital _____

FULL NAME OF CHILD Maurine Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 6 1913

FATHER		MOTHER	
FULL NAME	E. M. Webb.	FULL MAIDEN NAME	Mary Dyer
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife
(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6—1 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 8 1975

5 8 75

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 9 24 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 15616

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Webb (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1913 (Date of Event)
in Firth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Maurine Webb

Subscribed and sworn to before me this 10th day of May, 19 75

Notary Public, residing at Blackfoot, Idaho
My commission expires 4-16-77
(Seal)

Signed [signature] Will Kennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

598 Lincoln, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 19 75.

Notary Public residing at Blackfoot, Idaho
My commission expires 4-16-77
(Seal)

Signed [signature]
(Signature of Any Credible Person)

137 West Alice
(Street Address, City, State)
Blackfoot Idaho

FORM DH 60-155

Census report from Marschall's school census report gives child's name as Maurine Webb duaghter of Edward Webb. for the school year MXXXXXXXXXXXX May 1920. viewed by V. S.

JUL 9 1975

Own child's birth certif. on file in Idaho gives name as Mary Pauline Hirning born Jan 9, 1952 at Blackfoot, Idaho. father's name givne as Eric Adolf Hirning and mother's name as Maurine Webb. fileNo. 52-299. viewed by V. S.

MAY 2 8 2003

493-125 · 606-355

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15717

Primary Registration District No. 2147 Registered No. 165

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	4 25 1913

FATHER		MOTHER	
FULL NAME	E. T. Butler	FULL MAIDEN NAME	Mary Ann Lark
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Utah
		OCCUPATION	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 4-27 1913

Edwin Cutler M.D.
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. H-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

16927.006-271

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15718

Primary Registration District No. 2147 Registered No. 146

FULL NAME OF CHILD Howard Clifford Johnston

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 27 1913

FATHER		MOTHER	
FULL NAME	R. J. Johnston	FULL MAIDEN NAME	Carlotta Sparks
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 4-29-1913 Edwin Cutler
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. AUG 27 1941
County of Bingham }

Certificate No. 15718
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Howard Clifford Johnston (Name on original certificate) who born (Was born or died) on April 27, 1913 (Date of event)
in Basalt, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on April 27, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Howard Clifford Johnston

Subscribed and sworn to before me this 27th day of August, 1941

Notary Public, residing at Nampa Idaho

My commission expires Oct 15-1944

[SEAL]

Signed P D Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Caldwell, Idaho R. F. D. #1
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of August, 1941

Notary Public, residing at Nampa Idaho

My commission expires Oct 15-1944

[SEAL]

Signed Mrs E L Waggerby
(Signature of any credible person other than the previous affiant)

Box 683 Nampa Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

319-113-006-291

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 67 File No. 15719

Primary Registration District No. 2147 Registered No. 154

Hospital .....

FULL NAME OF CHILD Andrew Edwin Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	4 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Raphael Larsen	Dora Bradley
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Shoeman	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 4-10-1913 Edwin Cutler M.D.

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 15719

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Andrew Edwin Larson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 13, 1913 (DATE OF EVENT)
in Shelley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate of Baptism (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 7, 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Andrew Edwin Larson	Andrew Edwin Larsen
Fathers Name	Jacob Raphael Larson	Jacob Raphael Larsen

Subscribed and sworn to before me this Sixth
day of February 19 42

Notary Public, residing at Boise

My commission expires Sept 19, 1942
(SEAL)

Signed Jacob Raphael Larsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

369-D71-006-366

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15720

Primary Registration District No. 2147 Registered No. 136

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	4 7 1913

FATHER

FULL NAME L. J. Lords

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Cook

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION H. K.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 4-9 1913 Edwin Cutler M. D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q-60m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

527.205 - 006384

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15721

Primary Registration District No. 2147 Registered No. 172

FULL NAME OF CHILD Eva Esplin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	4 5 1913

FATHER

FULL NAME Marion Esplin

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clementine Church

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION H K

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was La Viva (Born alive or stillborn), at 10 40 A.M. on the date above stated.

(Signature) Dr. Porter

(Physician or midwife)

Address Basalt

Filed 4-9 1913 Edwin Cutler Jr. D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MAR 4 1962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 23 1971

163-220-006-336

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. _____ File No. 15722

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Delphia Jolley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal			yes	April 20 1913

FATHER		MOTHER	
FULL NAME	W. S. Jolley	FULL MAIDEN NAME	Rhoda Lloyd
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Ratzlaff
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Shelley Ida

Filed 3-1 1913 Edwin Cueler

_____ Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

819-229-006-697

PLACE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15723

Primary Registration District No. 2147 Registered No. 134

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 29 1913

FATHER		MOTHER	
FULL NAME	Alford Harper	FULL MAIDEN NAME	M. E. Arguthorpe
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Utah
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapsley

midwife
(Physician or midwife)

Address Lidlow Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1913 Edwin Gilles & D Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

48-203-006719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15724

Primary Registration District No. 2147 Registered No. 132

FULL NAME OF CHILD Carol Valette Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4 3 1912

FATHER	MOTHER
FULL NAME Samuel G. Miller	FULL MAIDEN NAME Carol Parker
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Utah	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 38 (Years)
	BIRTHPLACE Utah
	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Roberts M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-1-1913 Edwin Cutler, M.D.

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-Rev-5-15-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 7 1973

753-11d 1006355

PLACE OF BIRTH

County of Bingham

City of Presto

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15725

Primary Registration District No. 2147 Registered No. 164

FULL NAME OF CHILD Howard Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 12 1913

FATHER	MOTHER
FULL NAME Chris Peterson	FULL MAIDEN NAME Jane Tingles
RESIDENCE Presto	RESIDENCE Presto
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated, at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19..... Address Shelley

..... Registrar

Filed 3-13-1913 Edwin Cutler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

12-3-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 8 - 1970
Bureau of Vital Statistics

State of Utah
County of Cache } ss.

Certificate No. 15725

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1913 (Date of Event)
in Presto, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy, dated April 8, 1937 (Bible Record, Insurance Policy, Etc.) prepared on July 12, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Howard Peterson

Subscribed and sworn to before me this 4th day of December 19 70

Luna S. Kidgell
Notary Public, residing at Logan, Utah
My commission expires March 14, 1971
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

673 N. 1st W. Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December 19 70

Luna S. Kidgell
Notary Public, residing at Logan, Utah
My commission expires March 14, 1971
(Seal)

Signed [signature]
(Signature of Any Credible Person)

[illegible] No 4th E Logan Utah
(Street Address, City, State)

FORM DH 60-155

-No Corresp - Called - Ruah fc

DEC 9 1970

Certificate of Baptism and Confirmation from LDS Church gives name as Howard Peterson son of Chris Peterson and Hulda Jane Tuples. Born March 22, 1913 at Presto, Idaho, Was baptized June 6, 1936 by Russell Yorgensen. Signed by Albert F. Hany, Bishop. Viewed by V. S.

Life insurance Policy from Beneficial Life Insurance Co of Utah. gives name as Howard Peterson. Dated April 8, 1937. Signed by. Virgil H. Smith, Secretary. Viewed by V. S. Also gives date of birth as March 22, 1936 and place of birth as Presto, Idaho.

815105-006844

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C-20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15726

Primary Registration District No. 2147 Registered No. 15-1

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	3 5 1913

FATHER		MOTHER	
FULL NAME	Jas. Hansen	FULL MAIDEN NAME	Emma Humphreys
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-5 1913 Edwin Cutler M.D.
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of .....)

DUP OF 1913 D49-1114

569d11:006-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15727

Primary Registration District No. 2147 Registered No. 157

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 - 11 - 1913

FATHER		MOTHER	
FULL NAME	Glenn Morton	FULL MAIDEN NAME	Julia Davids
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 3 - 13 1913 Edwin Cutler M.D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(Town) or

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-22

25-228-086-284

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-15-12

CERTIFICATE OF BIRTH

Registration District No. 07 File No. 15728

Primary Registration District No. 2147 Registered No. 161

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 — 28 — 1913

FATHER		MOTHER	
FULL NAME	M. L. Beasley	FULL MAIDEN NAME	Mary Byington
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41	COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 3-30 1913 Edwin Cutler M.D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form S.B. No. 11-C-Rev-12-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

813-12-006-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 67 File No. 15730

No. ..... St.

Primary Registration District No. 2147 Registered No. 131

Hospital

FULL NAME OF CHILD Lew Edward Hanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V	1st	yes	3 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. Hanks	Edith Hanson
RESIDENCE	Shelley Idaho	Shelley
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-1 19 13 Edwin Carter Jr. T.

Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 15730
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Edward A. Hanks (Name on original certificate) who born (Was born or died) on March 27, 1913, (Date of event) in Shelley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on March 27, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Edward A. Hanks	Lew Edward Hanks

Subscribed and sworn to before me this 2nd day of September, 1941

A. Madsen
Notary Public, residing at Shelley, Idaho.
My commission expires June 16, 1943.
[SEAL]

Signed Edith Hanson Hanks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mother.
Shelley, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Bingham } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September, 1941.

A. Madsen
Notary Public, residing at Shelley, Idaho.
My commission expires June 16, 1943.
[SEAL]

Signed J. E. Roberts M.D.
(Signature of any credible person other than the previous affiant)
Attending Physician.
Shelley, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 93

Primary Registration District No. 2152

File No. 15731

Registered No. 130

FULL NAME OF CHILD Mary Margaret Ott

Sex of Child Female

Twin, Triplet or other? ✓ and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 9 (Month) 26 (Day) 1913 (Year)

FATHER

FULL NAME Henry Ott

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Wild

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Germany

OCCUPATION Home Life

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Curtis M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-1 1913 Edwin Cutler Reg. D. Registrar

8-Y CO. 20174

JAN 2 2 1970

168-230-006-381

Form V. S. No. 11-C—30m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15732

Primary Registration District No. 2143 Registered No. 139

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month, Day, Year)
Female			yes	March 30 1913

FATHER		MOTHER	
FULL NAME	H. P. Johnson	FULL MAIDEN NAME	Elizabeth Chapman
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapplaye

Midwife (Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-7 1913 Edwin Cather M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-B—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

380-121-006-168

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Pocatello~~ Basalt Registration District No. 69 File No. 15733

No. ..... St.

Primary Registration District No. 2147 Registered No. 132

Hospital .....

FULL NAME OF CHILD Lawrence David Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 21 1913

FATHER		MOTHER	
FULL NAME	George Lyon	FULL MAIDEN NAME	Edna Johnson
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappley

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Idaho

Filed 4-7 1913 Edwin Cutler M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of KING

Certificate No. 15733

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Lawrence David Lyon
Place	Goshen	Basalt
Father's Name	George Lyons	George Lyon

Subscribed and sworn to before me this 9th day of December, 1942.

Henry Wiese

Notary Public, residing at Seattle

My commission expires Oct. 22nd, 1945

Notary Public in and for the State of Washington residing at Seattle

Signed George A Lyon

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

..... (STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

1996-355

Form B. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 67

File No. 15734

No. St.

Primary Registration District No. 2147

Registered No. 133

Hospital

FULL NAME OF CHILD Irwin Archie Frandsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 7 1913

FATHER	MOTHER
FULL NAME: Victor E. Frandsen	FULL MAIDEN NAME: Sarah Luella Peeples
RESIDENCE: Basalt	RESIDENCE: Basalt
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapson

midwife (Physician or midwife)

Address Shelley Idaho

Filed 4-7 19 Edwin Cutler M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1954

345-23-0006-814

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15735

Primary Registration District No. 247 Registered No. 144

FULL NAME OF CHILD EDITH CUNNINGHAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Jan. 2 1913

FATHER		MOTHER	
FULL NAME	John Cunningham	FULL MAIDEN NAME	Laura Lamor
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 3-1 1913 Edwin Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 15735

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Edith Cunningham (Name on original certificate) who was born (Was born or died) on Jan. 31 - 1913 (Date of event)
in Woodville Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on Feb. 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cunningham	Edith Cunningham

Subscribed and sworn to before me this 9th
day of December, 1942

Reese W. Sheppard
Notary Public, residing at Eugene, Oregon
My commission expires May 12, 1946
[SEAL]

Signed O M Cunningham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
293 Washington Street
Eugene, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on AUG 24 1942 By .....
(Registrar's signature)

AUG 27 1942

845-124-006-569

PLACE OF BIRTH

Form U. S. No. 11-O-22m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 67 File No. 15736

No. ____ St.

Primary Registration District No. 247 Registered No. 143

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	2 — 24 — 1913

FATHER		MOTHER	
FULL NAME	Elmer Hunt	FULL MAIDEN NAME	Agusta Boston
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah		42
OCCUPATION	Farmer	COLOR	White
		BIRTHPLACE	Utah
		OCCUPATION	H K.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) alive, at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

____ 19____

Filed 2 — 26 — 1913 Edwin Cutler M.D.

____ Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

386-206-006-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15737

Primary Registration District No. 2147 Registered No. 141

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 6 1913

FATHER

FULL NAME George Thomas

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Jessie M. Thompson

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION H.K.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 2-8 1913 Edwin Cutler M.D.

Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

389-217-006-719

PLACE OF BIRTH name added 11-3-81

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15738

Primary Registration District No. 2147 Registered No. 153

FULL NAME OF CHILD Elnora Christensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 17 1913

FATHER

FULL NAME Lorenzo Christensen

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Esther Gardner

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 1 — 15 1913 Edwin Cutler M. D.
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—Rm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of _____)

10-19-81

RECEIVED
OCT 29 1981
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } ss.

Bureau of Vital Statistics

Certificate No. 15738
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Christensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-17-13 (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elnora Christensen

Subscribed and sworn to before me this 26th day of October, 19 81.

Notary Public, Joanne Larsen
Residing at Rigby, Idaho
My commission expires 12-12-81
(Seal)

Myrta E. Kjelson
Signature of Applicant

Rt. 2 Box 55 Shelley, Idaho 83274
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 19 81.

Notary Public, Joanne Larsen
Residing at Rigby, Idaho
My commission expires 12-12-81
(Seal)

Winnona C. Johnson
Supporting Signature

660 Walley Shelley Idaho
Street Address, City, State

83274

Remembrance card for Elnora Christensen born 2-17-13 and died 3-2-17 infomation seen and viewed by V.S. Obviously old.

NOV 3 1981

Family Record Sheet from LDS Church gives Elnora Christensen born 2-17-13 to Lenard Lorenzo Christensen and Sarah Esther Gardner at Shelley. Viewed by V.S.

743-105-006-356

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 67 File No. 15739

No. ..... St.

Primary Registration District No. 2147 Registered No. 189

Hospital .....

FULL NAME OF CHILD Ralph Lewis Cuthe

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 3 1915

FATHER		MOTHER	
FULL NAME	Joe Cuthe	FULL MAIDEN NAME	Margarette Lewis
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	H/K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 2-7 1915 Edwin Cutler M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

AUG 20 1964

689.28-006-485

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6/25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15740

Primary Registration District No. 2147 Registered No. 148

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	2 17 1913

FATHER	MOTHER
FULL NAME Chas. E. White	FULL MAIDEN NAME Adelaid Drye
RESIDENCE Basalt	RESIDENCE Basalt
COLOR White — AGE AT LAST BIRTHDAY 21 (Years)	COLOR White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ariz.	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION H. K.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 2-20 1913 Edwin Cutler M.D.

Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

D

815-27-0066-844

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] ty of Bonneville

City of Taylor

No. R. F. D. No. 1 St.

Hospital

Form V. S. No. 11-C—60m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15742

Primary Registration District No. 247 Registered No. 133

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 17 1913

FATHER		MOTHER	
FULL NAME	Laurence Hansen	FULL MAIDEN NAME	Minnie Humpherys
RESIDENCE	Taylor R. F. D. No 1	RESIDENCE	Taylor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

.....19.....

Registrar

Filed 3-1-1913 Edwina Cuthbert D. Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-[illegible]

691-212 · 006-851

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Raughesen

City of Monroe

No. R. F. D. No 2 St.

Hospital

Registration District No. 67

Primary Registration District No. 2147

File No. 15743

Registered No. 136

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 12 1913

FATHER	MOTHER
FULL NAME: Perry L Frandsen	FULL MAIDEN NAME: Cora L. Heaton
RESIDENCE: Monroe R. F. D. No 2	RESIDENCE: monroe R. F. D. No 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: ? (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleyea

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3—1 19 13 Edwin Cutler M. D.
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—Com-2-15-58

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OF BIRTH

[redacted]

AUG 1 2 1974

163.106.006-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 27 File No. 1944

Primary Registration District No. 2147 Registered No. 137

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb. 6, 1913

FATHER		MOTHER	
FULL NAME	Elmer Jolley	FULL MAIDEN NAME	Retha Butler
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was B. Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapstine
midwife
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 3-1 1913 Edwina Cutler Reg. D.
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

02

799-203-006-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-16-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15745

Primary Registration District No. 2147 Registered No. 138

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 3 1913

FATHER

FULL NAME: James M. Priest

RESIDENCE: Jamestown 30

COLOR: white AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE: Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Minnie Wadsworth

RESIDENCE: Jamestown

COLOR: white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE: Idah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead (Born alive or stillborn) at 1 o. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Ra[illegible]

midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Idaho

Filed 3—1 19 13 Edwina Gallentine
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C- [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

33-12-006-313

PLACE OF BIRTH

County of Bingham

City of Jamestown

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15746

Primary Registration District No. 2147 Registered No. 134

FULL NAME OF CHILD DUANE CLENDON CLARK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb. 21 1913

FATHER		MOTHER	
FULL NAME	Lee Clark Jr	FULL MAIDEN NAME	Malinda Catron
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) Elizabeth J. Rappleye
midwife
(Physician or midwife)

Address Shelley Idaho

Filed 3-1 1913 Edwin Cutler M. D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

male

Certificate No. 15746

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Duane Clendon Clark (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb. 21, 1913 (DATE OF EVENT)
in Jamestown Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Ins Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 27 1939 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON original)	TO (THE CORRECT FACTS)
name February 22 1914	none given	Duane Clendon Clark named February 21st 1913

Subscribed and sworn to before me this 25th
day of May, 19 42.
Rose Carolyn Williams
Notary Public, residing at Huntington Park
My commission expires July 11th 1943
(SEAL)

Signed Malinda C. Clark
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
9927 Randolph Huntington Park Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May, 19 42.
Rose Carolyn Williams
Notary Public, residing at Huntington Park
My commission expires July 11th 1942
(SEAL)

Signed William L Chamberlain
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
6136 Rita St H.P. Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 26 1942 By
(REGISTRAR'S SIGNATURE)

OHAGA

FEB 14 1967

JUN 1 1942

154-205-006-253

PLACE OF BIRTH

Amended Oct. 18, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 693 File No. 15747

Hospital ..... Primary Registration District No. 2147 Registered No. 124

FULL NAME OF CHILD Marjorie Lucille Jemmett
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Feb. 5 1913

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Howard Jemmett	FULL MAIDEN NAME: Vina Peterson
RESIDENCE: Shelley, Idaho	RESIDENCE: Shelley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Shelley, Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.

(Physician or midwife)

Address Shelley, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 3-1 192.. Edwin Cutler M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 1[illegible] 54
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 15747

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for No Name (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1913 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name		Marjorie Lucille Jennett

Subscribed and sworn to before me this 14th day of October, 1954

James Hector McMullen
Notary Public, residing at 3001 W. 48th St. L.A. Calif.
My commission expires 10/20/54
(Seal)

Signed Laura M. Jennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4914 7th ave Los Angeles 43, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1954

James Hector McMullen
Notary Public, residing at 3001 W. 48th St. L.A. Calif.
My commission expires 10/20/54
(Seal)

Signed Viola Jennett
(Signature of Any Credible Person)
1914 7th ave.
(Street Address, City, State)
Los Angeles. Calif

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Amended 7/27/76 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 69 File No. 15748

Primary Registration District No. 2147 Registered No. 162

FULL NAME OF CHILD Nina Birdie Taysom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	11 11 1913

FATHER		MOTHER	
FULL NAME	Geo. R. Taysom	FULL MAIDEN NAME	Thora Jorgensen
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 1-12 1914 Edwin Cutler Jr. Registrar

S-Y CO. 20174

MAR 2 3 1970

JUL 2 7 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

RECEIVED
MAY 28 1970
Bureau of Vital Statistics

Certificate No. 15748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Tayson (Name on Original Certificate) was born (Was Born or Died) on Jan. 11, 1913 (Birth or Death) (Date of Event)

in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Juro. Subpoena - Index (Bible Record, Insurance Policy, Etc.) prepared on Nov 5, 1951 - (2) Sept 1, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's names	Unnamed Tayson	Nina Birdie Tayson
Father's name	Tayson	I am the eldest
		Brother Born Jan 14th 1901

Subscribed and sworn to before me this 7th day of May, 1970

Howard L. Nemetz
Notary Public, residing at Pocatello Idaho
My commission expires May 22, 1971
(Seal)

X Signed G. L. Tayson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1141 Wilson Pocatello Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Shoshone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May, 1970

Notary Public, residing at Osburn Idaho
My commission expires 3/27/72
(Seal)

Signed Gilbert Klamke
(Signature of Any Credible Person)

Lamby Ward
(Street Address, City, State)

FORM DH 60-155 CL 4/21/70 1 cc pd.

Obituary Notice out of old paper for Pvt. Lloyd M. Taysom gives name as Nina Klander (Mrs.). Father's name as George Taysom. Dec. 6, 1944 was date of death. viewed by V. S.

In Remembrance from Buck Funeral Home, Idaho Falls gives name as George Riley Taysom Died March 13, 1962. Viewed by V. S.

Certificate of Birth from the state of Utah for Jay LaRay Wilkinson gives mother's na as Nina Birdie Taysom and father's name as Kenneth Edwin Wilkinson. Child born Oct. 8, 1930. Stae board of Health File No. 3733. Viewed by V. S.

State of Washington Motor Vehicle Operators License gives name as Nina B. Klander born Jan. 11, 1913. This license expired Jan. 11, 1955. Viewed by V. S.

769-109-606-105

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15749

Primary Registration District No. 2147 Registered No. 142

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	1 7 1913

FATHER		MOTHER	
FULL NAME	Abinadi Porter	FULL MAIDEN NAME	Anna Jenson
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 1-10 1913 Edwin Cutler M.D.
Registrar

..... Registrar

8-Y CO. 20174

Form V.S. No. 11-Q

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

213-205-006-553 Amended 6/7/78

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 67 File No. 15750

Primary Registration District No. 2147 Registered No. 142

FULL NAME OF CHILD Florence Elnora Backlund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	1 3 1913

FATHER	MOTHER
FULL NAME Dan Backlund	FULL MAIDEN NAME Ellen Eskow
RESIDENCE Woodville	RESIDENCE Woodville
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION H K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn) at 4 X M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Filed 1—6 1913 Edwin Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1968

f

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 1 11 59 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15750

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Backlind (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 5, 1913 (Date of Event)
in Woodville, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Backlind	Florence Elenora Backlun
father's last name	Backlind	Backlund

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
June, 19 78

Notary Public, residing at Idaho Falls, Ida
My commission expires 12-8-81
(Seal)

Signed [signature]
(Signature of Any Credible Person)

955 S. Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/30/78 1cc pd. RUSH

Family Group record for Daniel Backlund and Elona Nelson gives child's name as Florence Elnora Backlund. born Jan 6, 1913. viewed by V. S.

Own son's birth certif from Idaho File No. 256804 gives name as Rulon Ray Storms born June 26, 19137 in Bonnieville,ID father's name as Ellis Merle Storms and mother's name as Florence Elnora Backlund. viewed by V. S.

JUN 7 1978

689-22-0006-163

Form V. S. No. 11-C [redacted]

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15751

Primary Registration District No. 2147 . Registered No. 147

FULL NAME OF CHILD Lorna Isabella White

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	1 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John White	Chlorria Talley
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Arizona	Utah
OCCUPATION	Laborer	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or ~~midwife~~)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 1-24 1913 Edwin Cutler M.D.
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 3 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 12 1976
BUREAU OF
VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 15751

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed White (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 22, 1913 (Date of Event)
in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lorna Isabella White

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1976

Notary Public, residing at OREM, UTAH
My commission expires 9-23-76
(Seal)

Signed C. W. Whitt
(Signature of Any Credible Person)

524 EAST WHITTIER
(Street Address, City, State) IDAHO FALLS IDAHO

FORM DH 60-155

CL 3/30/76

Certif of Blessing from the LDS Church gives nameas Lorna Isabella White daughter of John White, Jr.and Chileneche Jolley born Jan. 22, 1913 at Basalt, Idaho. Blessed March 2, 1913. viewed by V. S.

JUL 1 1976

Certif of Baptism and Confirmation from LDS Church gives nameas Lorna Isabella White daughter of John Alma White and Chilenecha Jolley. Born Jan 22, 1913 at Basalt, Idaho. Baptized Aug 7, 1921. viewed by V. S.

248-204-606-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 67 File No. 15752

No. ..... St.

Primary Registration District No. 2147 Registered No. 156

Hospital .....

FULL NAME OF CHILD Elenor Adalin Kuhlow

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	1 4 1913

FATHER	MOTHER
FULL NAME J. P. Kuhlow	FULL MAIDEN NAME Elenor Hanson
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Denmark
OCCUPATION Harnessmaker	OCCUPATION H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed Jan 6 1913 Edwin Cutler M.D.

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 17-O—20m-5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City

168-106-006-514

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of _____

Registration District No. 69 File No. 15754

No. _____, _____ St.

Primary Registration District No. 2147 Registered No. 121

Hospital _____

FULL NAME OF CHILD Charles Edward Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Jan (Day) 6 (Year) 1913

FATHER		MOTHER	
FULL NAME	Edwin Johnston	FULL MAIDEN NAME	Ivy Naughton
RESIDENCE	Gosh	RESIDENCE	Goshen
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pensylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Jan 6, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.... Address Shelley R.F.D. # 1

Filed Jan 16 1913 Edwin Cutler M.D.

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

WRITE PLAINLY

N. B. In case of

DEC 16 1941

JUN 1 1945

168.183-006957

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15755

Primary Registration District No. 2147 Registered No. 122

FULL NAME OF CHILD Alvin Eli Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				1 13 1913

FATHER	MOTHER
FULL NAME Daniel Raymon Johnson	FULL MAIDEN NAME Anna M. C. Engelstrom
RESIDENCE Basalt	RESIDENCE Basalt
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Salt Lake City, Utah	BIRTHPLACE Salt Lake City, Utah
OCCUPATION Farmer	OCCUPATION Farmers wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on Jan 13 at 8 a.m. on the date above stated.

(Signature) Alice F. Lemmons

Midwife (Physician or Midwife)

Address Shelley Ida R.F.D. #1

Filed Jan 13 1913 Edwin Cutler Jr. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 7 1964

493.218 006-389

PLACE OF BIRTH

Amended 12/5/78

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69 File No. 15756

No. St.

Primary Registration District No. 2147 Registered No. 128

Hospital

FULL NAME OF CHILD Charlotte Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 18 1918

	FATHER	MOTHER
FULL NAME	Will Mitchell	FULL MAIDEN NAME Nanna Christenson
RESIDENCE	Shelley	RESIDENCE Shelley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 9½ Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

.....19.....

Filed 2-1 1919 Edward Cutler Jr.
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-4-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Imprinted 12/5/78

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

OCT 24 8 03 AM '78

Certificate No. 15756

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mitchell (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1913 (Date of Event)
in Shelley, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Mitchell	Charlotte Mitchell

Subscribed and sworn to before me this 7th day of October, 1978

David C. Hill, State of Ky

Notary Public, residing at P.O. Box 41 Monticello Ky 42633

My commission expires 1-11-82

(Seal)

Signed Charlotte Mitchell Owens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

118 Terrace Ave, Nicholasville Ky 40356
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 8/24/78 ret'd $1

Socisl Security card #553-30-1937 gives nameas Charlotte Mitchell viewed by V. S.

DEC 5 1978

Marriage Certificate from Nevada gives names as William Evens and Charlotte Mitchell. datd Aug.9, 1947, viewed by V. A .

815 [redacted] - 791

PLA[redacted]H

County of [redacted]ville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62

Primary Registration District No. 2162

File No. 15757

Registered No. 123

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	Yes	Jan 6 1913

	FATHER	MOTHER
FULL NAME	John L. Hanson	FULL MAIDEN NAME Ethel Gray
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) F. W. Roberts M.D.

(Physician or midwife)

Address Shelley Idaho

Filed 2-1 1913 Edwina Cutler Reg. D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

635-20 71 [redacted] 43

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bing[redacted]

City of Shelley

No. ..... St.

Registration District No. 69 File No. 15758

Primary Registration District No. 2147 Registered No. 119

Hospital .....

FULL NAME OF CHILD. 1 Juanita Olen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	William Olen	FULL MAIDEN NAME	Jennett Nuttle
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born Alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Ratcliffe
Midwife
(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2—1 19 13 Edwin Cutler M. D.
Registrar

20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BI

County of

25-112-006-789

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

STATE [redacted]O
BUREAU OF V[redacted]TATISTICS

Form V. S. No. H-C—40m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 15759

Primary Registration District No. 2147 Registered No. 118

FULL NAME OF CHILD Ray Willis Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Jan. 12 1913

FATHER	MOTHER
FULL NAME C. W. Bennett	FULL MAIDEN NAME Emma Pyrah
RESIDENCE Shelley	RESIDENCE Shelley
COLOR white	AGE AT LAST BIRTHDAY 33 (Years)
COLOR white	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1913 Edwina Cutler Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 27 1974

168-116-006-381

PLACE OF BIRTH

AMENDED - MARCH 21, 1949

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15760

Primary Registration District No. 2147 Registered No. 117

FULL NAME OF CHILD Norman Morton Johnsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 16, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Neils Henry Johnsen	FULL MAIDEN NAME	Alice Chapman
RESIDENCE	Basalt, Idaho	RESIDENCE	Basalt, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Elizabeth J. Rappleye

Midwife
(Physician or midwife)

Address Shelley, Idaho

Filed Feb. 1 1913 Edwin Cutler, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Norman Morton Johnsen (Name on Original Certificate) who was born (Was Born or Died) on January 16, 1913 (Date of Event)
in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Jan. 16, 1912	Jan. 16, 1913
Father's name	Henry Johnsan	Neils Henry Johnsen
Last Name	Johnsan	Johnsen
Name of Child	Unnamed Child	Norman Morton Johnsen

Subscribed and sworn to before me this 14th day of March 1949

Harold A. Whitfield
Notary Public, residing at Vancouver, Wash.
My commission expires 12/15/51
(Seal)

Signed Alice Schuffman Johnsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Alice Schuffman Johnsen
(Street Address, City, State) 1013 "W" St. Vancouver, Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Bingham~~ Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March 1949

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1951
(Seal)

Signed Peter Jorgensen
(Signature of Any Credible Person)

Shelley, Idaho, RFD 2.
(Street Address, City, State)

MAR 22 1949

[redacted] Form 2-15-12

City of [redacted] Registration District No. 69 File No. 15761

No. [redacted] Primary Registration District No. 247 Registered No. 116

Hospital [redacted]

FULL NAME OF CHILD Mary Lee Collins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		yes	Jan 13 (Month) (Day) [redacted]

FATHER		MOTHER	
FULL NAME	J. E. Collins	FULL MAIDEN NAME	Ida [redacted]
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 [redacted] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapplee

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-1 19 31 E. Irwin Gil [redacted]

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 8 1944

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

§ 89-107-006-852

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 15762

Primary Registration District No. 2147 Registered No. 113

FULL NAME OF CHILD Sandford Douglas Chipman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 7 1913

FATHER		MOTHER	
FULL NAME	E. J. Chipman	FULL MAIDEN NAME	Clarissa M. Ideas
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Elizabeth J. Rappleye

midwife
(Physician or midwife)

Address Shelley Idaho

Filed 2-1 1913 J. Edwin Cuth [redacted] R

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 14 1968

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 122 — File No. 15763

No. ____ St. — Primary Registration District No. 290 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Lois Dawn Strope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	One		3d	yes	Sept 9 1913

FATHER

FULL NAME: Alva Strope
RESIDENCE: Wallace
COLOR: W — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gleeta Edwards
RESIDENCE: Wallace
COLOR: W — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Mo.
OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d
Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

....19....

....Registrar

Filed Sept 19 1913 H. C. Mowry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
BUREAU OF

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JUL 20 1 23 PM '01

State of Idaho
County of Shoshone } ss.

Certificate No. 15763

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lois Dawn Stroope (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1913 (Date of Event)
in Osborne, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Premium Receipt (Bible Record, Insurance Policy, Etc.) prepared on June 6, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthplace of child	Osborne	Wallace, Osborne Road
Parents residence	Osborne	Wallace, Osborne Road

Subscribed and sworn to before me this 17th day of July, 19 81

Notary Public, residing at Silverton, Ida.
My commission expires 5/10/84
(Seal)

Signed Fleeta Edwards Stroope
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 136, Silverton, Idaho 83867
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 81

Notary Public, residing at Silverton, Ida. 83867
My commission expires 5/10/84
(Seal)

Signed Stella M. Fisk
(Signature of Any Credible Person)
75 River St., Wallace, Id. 83873
(Box 84 Silverton Ida)
(Street Address, City, State)

CL 8/22/75

FORM DH 60-155

The Kellogg Evening News # 203 Published 12-24-79 gives Strope Family Ranch Home established in West Wallace Summer of 1913. The Strope family moved to West Wallace in 1896. Viewed by V.S. Article states Lois Dawn Strope was born on the ranch.

SEP 10 1981

Famil Bible gives Lois Dawn Strope born 9-9-13 at Wallace Idaho. Bible given to her from parents in 1943. Obviously old. Parents listed as Alva Lee Strope and Fleeta Eliz. Edwards. Viewed by V.S.

94-13-040-262

PLACE OF BIRTH

Form V. S. No. 11-C 10M-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Nine Mile — Registration District No. 122 — File No. 1574

No. ____ St. ____

Primary Registration District No. 205 — Registered No. ____

Hospital Casimer — FULL NAME OF CHILD Michael Zubowski Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	2d	yes	Sept 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mike Zubowski	Julia Koskia
RESIDENCE	Nine Mile	Nine Mile
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Austria	Austria
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-19-13 19..... H A Money R...

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. II-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] CERTIFICATE OF BIRTH

City of Lewiston — Registration District No. 16 — File No.

No. 309, 13th St. — Primary Registration District No. 1009 — Registered No. 149

Hospital

FULL NAME OF CHILD Dorothea Elizabeth Infant Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6, 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton M. Smith	Katharine Roos
RESIDENCE	Jacques Spur, Ida	Jacques Spur Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Uniontown Utah	Lewiston. Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Todd M. D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 L. J. Beckes Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1962

DUP OF 1913— 287566

285-229-024-532

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form [illegible]

[illegible] IDAHO
[illegible] STATISTICS

County of Gooding

City of Hendell

Registration District No. 22 File No. 15766

No. ____ St.

Primary Registration District No. 2018 Registered No. ____

Hospital ____

FULL NAME OF CHILD Virginia Carol Sheppard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female		1	yes	6 29 1913

	FATHER	MOTHER
FULL NAME	Emmett Sheppard	Carol Elsworth
RESIDENCE	Hagerdell, Idaho	Hagerdell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Va	Wash
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Sands

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Hendell Idaho

Filed July 2 1913 H. E. Sands

S-Y CO. 20174 Registrar

Registrar

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-223-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12.

STICS

Registration District No. 26

Primary Registration District No. 2069

File No. 15767

Registered No. 271

FULL NAME OF CHILD Mary Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	7 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J Davis	Rachel Jones
RESIDENCE	Malad City Idaho	Malad
COLOR / AGE AT LAST BIRTHDAY (Years)	white 36	white 33
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	house wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 20a P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

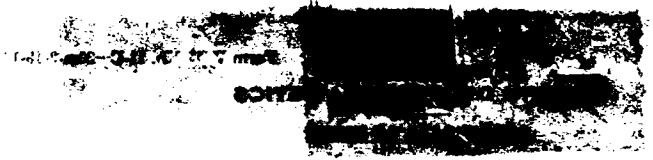
Filed 7-31 19 13

D C Ray

Registrar

..... Registrar

8-Y CO. 20174



4-8-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Any Original Certificate of Birth or Death

RECEIVED
APR 13 1971
Bureau of Vital Statistics

State of Idaho
County of Oneida } ss.

Certificate No. 15767

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1913 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Mary Jones Davis

Subscribed and sworn to before me this 9th day of April 1971

H. D. Naylor

Notary Public, residing at Malad, Idaho

My commission expires 10-10-73

(Seal)

Signed Mary Jones Davis Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5 S Reynolds St Malad
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 1971

H. D. Naylor

Notary Public, residing at Malad, Idaho

My commission expires 10-10-73

(Seal)

Signed Isabel D. Moss
(Signature of Any Credible Person)

33 So 100 West - Malad
(Street Address, City, State)

FORM DN 60-155

copy pd Rec. # 12330 (D)

MAY 27 1971

Letter from Malad City Schools, Class A Distric No. 351 gives name as Mary Davis XXXXXXXX Graduatted from 8th grade during school year 1930-31. Beginning of school year record show she was 17 years old. Signed by Elvene Haws, Secretary. Viewed by VS

Record of Blessing or Baptism, LDS Church Malad City, Idaho givesname as Mary Davis Lewis. Born July 23, 1913 at St. John, Idaho. Baptized on May 25, 1924. Father's name Thomas J. Davis and mother's maiden name: Rachel Ann Jones. Signed by W. E. Smith, Clerk, Malad Second Ward. Viewed by V. S.

813.22 4.003-789

PLACE OF BIRTH

STATE OF IDAHO

V. S. No. 11-C—15m-6-20-11

Bureau of Vital

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 11

File No. 15768

No. ....., ... St.

Primary Registration District No. 746

Registered No. 224

Hospital .....

FULL NAME OF CHILD James Lewis Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twin	1st	yes	Aug 26, 191[illegible]

FATHER	MOTHER
FULL NAME: Robert James Hall	FULL MAIDEN NAME: Susie Phillips
RESIDENCE: Arimo Idaho	RESIDENCE: Arimo Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 yrs (Years)	AGE AT LAST BIRTHDAY: 32 yrs (Years)
BIRTHPLACE: Washington Texas	BIRTHPLACE: All good, Texas.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kinney
Registrar

(Signature) Carl Lewis Tanner M.D.

(Physician or Midwife)

Address Downey

Filed Sept 19 19 13 Ellis Kinney
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

55-126-003-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 4 File No. 15769

No. ....., ... St.

Primary Registration District No. 2046 Registered No. 125

Hospital .....

FULL NAME OF CHILD Stanley Emmett Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 26 1913

FATHER

FULL NAME: William Evans

RESIDENCE: Downey Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Arimo, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Chloe Ware

RESIDENCE: Downey Idaho

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Downey Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4a M. on the date above stated.

(Signature) Lee Ferrell Evans M.D.

(Physician or Midwife)

Address Downey Ida.

Filed Aug 10 1913 Chas. Ida Carey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Chas. Ida Carey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

415 203 003-666

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 15770

No. ____, ____ St.

Primary Registration District No. 2046

Registered No. 220

Hospital ____

FULL NAME OF CHILD ~~Baby~~ LEONA DAVIS.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 3, 1913

FATHER		MOTHER	
FULL NAME	Leo Davis	FULL MAIDEN NAME	Rachel O. Woodland
RESIDENCE	Arimo Idaho	RESIDENCE	Arimo Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Rockland Ida	BIRTHPLACE	Arimo Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.9. M. on the date above stated.

(Born alive or stillborn)

(Signature) Carpenter Land M.D.

(Physician or Midwife)

Address Downey Idaho.

Filed Sep 10, 1913 Ellis Kacy

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kacy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 15770

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Leona Davis (Birth or Death) for N.T. named (Name on Original Certificate) who Born (Was Born or Died) on Aug. 3 - 1913 (Date of Event) in Arimo - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Christening Certificate (Bible Record, Insurance Policy, Etc.) prepared on Sept. 7 - 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby	Leona Davis

Subscribed and sworn to before me this 8th day of Oct. 1942.

A.V. Dedrick

Notary Public, residing at Los Angeles

My commission expires My Commission Expires Aug. 1, 1943

(Seal)

Signed Rachel Orine Woodland Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10713 - Ocean Park Ave - Mother.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Oct. 1942.

A.V. Dedrick

Notary Public, residing at Los Angeles

My commission expires My Commission Expires Aug. 1, 1943

(Seal)

Signed Lee Davis (Step-father)

(Signature of Any Credible Person Other Than Previous Year)

10713 Ocean Park ave

(Street Address, City, State)

Palms Sta Los Angeles Calif.

OCT 1 2 1942

813-224-003-789

PLACE OF BIRTH

Form V. S. No. 11-C—Jm-6-20-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of Ariss

Registration District No. 11 File No. 15771

No. ....., ... St.

Primary Registration District No. 2046 Registered No. 219

Hospital .....

FULL NAME OF CHILD Lenny Hall

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin (To be answered only in event of plural births)	2	yes	Aug 14 1913

FATHER		MOTHER	
FULL NAME	Robert James Hall	FULL MAIDEN NAME	Susie Phillips
RESIDENCE	Ardens, Ida	RESIDENCE	Ariss, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Waldfort, Texas	BIRTHPLACE	Allgood, Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address Downey Idaho

Filed Sep 10, 1913 Ellis Kaney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

MAY 8 1973

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15772

County of Bannock

City of Downey

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2046 Registered No. 218

Hospital

FULL NAME OF CHILD Mary Penrose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	Frederick Penrose	FULL MAIDEN NAME	Libbie Coffin
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Italy	BIRTHPLACE	Downey, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dlvr (Born alive, or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Townsend M.D.

Downey Ida

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kaney

Registrar

Address

Filed Sep 10, 19 13 Ellis Kaney

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 13 1987
APR 26 1987

PLACE OF BIRTH
294-23-003-485
County of Bannock

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Downey

Registration District No. 11

File No. 15773

No. ____, ____ St.

Primary Registration District No. 2046

Registered No. 417

Hospital ____

FULL NAME OF CHILD Frances Eveline Simpson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 23 1913

FATHER		MOTHER	
FULL NAME	Joseph A Simpson	FULL MAIDEN NAME	Elizabeth Dyett
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Woodley Tennessee	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Sandquist

(Physician or Midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Chris Kasey
Registrar

Filed Sep. 10, 1913 Chris Kasey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

249 22 3 003-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Downey

Registration District No. 11 File No. 1577

No. ____, ____ St.

Primary Registration District No. 3046 Registered No. 216

Hospital

FULL NAME OF CHILD Celia Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 23 1913

FATHER		MOTHER	
FULL NAME	Ernest C. Smith	FULL MAIDEN NAME	Lilly Laurenson
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Billings Montana
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Downey, Ida.

Given names added from a supplemental report

..... 19....

Eris Kasey

Registrar

Filed Sept 10, 1913 Eris Kasey

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 13-59413

NAME CHANGE

655-22-0003693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 15775

No. ____, ____ St.

Primary Registration District No. 1146 — Registered No. 218

Hospital DOROTHY BLOSSOM

FULL NAME OF CHILD [redacted] Merrick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Aug (Day) 25 (Year) 1913
Female			yes	

FATHER		MOTHER	
FULL NAME	Wm C. Merrick	FULL MAIDEN NAME	Dorothy Wilson
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Medford Wis.	BIRTHPLACE	Portland, Or.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Downey Ida.

Given names added from a supplemental report

....., 19.....

Chris Carey Registrar

Filed Sept 16, 1913 Chris Carey Registrar

S-Y CO., 16679

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 15775

Date Filed APR

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Dorothy Wenck (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 25th 1913 (DATE OF EVENT)
in Downey Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Dorthy Wenck	Dorothy Blosson Wenck

Subscribed and sworn to before me this 13
day of April, 19 42

Laura M. Dodson
Notary Public, residing at Seattle Wash.
My commission expires Aug 30, 1941
(SEAL)

Signed Mrs W.C. Wenck (Dorothy B)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
223 Harvard N Seattle Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of April, 19 42

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Roy K. Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
3123 N. Thistle Seattle Wn.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15776

County of Bannock

City of Swan Lake

Registration District No. 3 11 File No. 11 208

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2046 Registered No. 2046

FULL NAME OF CHILD [redacted] Howes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1		August 23, 1913

FATHER		MOTHER	
FULL NAME	John Howes Jr.	FULL MAIDEN NAME	Ethel Jane Lewis
RESIDENCE	Swan Lake	RESIDENCE	Swan Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Swan Lake Ida.	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 19 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall (Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address Oxford Idaho

SEP 2 2 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766/03 - 613

PLACE OF BIRTH

County of [redacted]

STATE OF IDAHO
BU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Bancroft

Registration District No. 11 File No. 15777

No. ..... St.

Primary Registration District No. 2048 Registered No. 212

Hospital

FULL NAME OF CHILD [redacted] Ray Gooch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	April 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Gooch	Matilda Halvorsen
RESIDENCE	Chesterfield Idaho	Chesterfield
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	30 (Years)
BIRTHPLACE	Willard Utah	Gentile Valley
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ray Gooch, at Born
on the date above stated. (Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aslon

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Eris Kacey
Registrar

Address Bancroft

Filed Sept 19 1913 Eris Kacey
Registrar

S-Y CO. 20174

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 28 1942

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING

U. S. [illegible] C. 2015-8-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 11 File No. 15778

No. St.

Primary Registration District No. 2048 Registered No. 223

Hospital

FULL NAME OF CHILD John Raskelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	May 16 1918

FATHER		MOTHER	
FULL NAME	Fred Raskelley	FULL MAIDEN NAME	Ida Barker
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Lund Idaho
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John Raskelley (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Filed Sept 10, 1918

Ellis Kacey
Registrar

Ellis Kacey
Registrar

B-Y CO. 20174

[redacted]

STATE OF IOWA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

27-015-003-864

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 16.3—Rev. 6-15-12

CERTIFICATE OF BIRTH

Registration District No. 1 — File No. 15779

Primary Registration District No. 2048 — Registered No. 221

FULL NAME OF CHILD Flora May Packman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female				May 15 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Brigham Herald Packman	FULL MAIDEN NAME	Eva Housman
RESIDENCE	Lund Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Center Creek Utah	BIRTHPLACE	Preston Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Flora May Packman at C. P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Asher

(Physician or mid-wife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Eva Kacy
Registrar

Filed Sept 19 1913

Eva Kacy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...Y CO. 20174

DECEASED

155-206-003-155

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15780

Primary Registration District No. 2048 Registered No. 214

FULL NAME OF CHILD Ivey Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Girl				August 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred Jensen	FULL MAIDEN NAME	Myrtle Jensen
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Smithfield Utah
OCCUPATION	farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ivey Jenson (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 19 13 Ellis Kartsley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SPACE RESERVED FOR BINDING

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) of .....

366-210-003-213

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15781

County of Bannock

City of Thatcher

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 213

Hospital

FULL NAME OF CHILD Isary Coombs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 10 1913

FATHER		MOTHER	
FULL NAME	Ray Herman Coombs	FULL MAIDEN NAME	Martha Ballard
RESIDENCE	Thatcher	RESIDENCE	Thatcher
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mountain Green Utah	BIRTHPLACE	Thurber Wayne Co Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isary Landgreen

Mid wife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

19

Eric Kuney
Registrar

Filed Sep. 10, 1913 Eric Kuney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-36

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1940

96 8 25 - 2003 - 140

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 10-C Rev. 9-15-38

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11

File No. 15782

No. _____ St.

Primary Registration District No. 2048

Registered No. 212

Hospital _____

FULL NAME OF CHILD Arial Roholt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	Jens Kristian Roholt	FULL MAIDEN NAME	Inary Annes
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Inary Londgreen

Midwife
(Physician or midwife)

Address Treasureton, Idaho

Given names added from a supplemental report

_____ 19____

Jens Kaercy
Registrar

Filed Sep 10 19 13 Jens Kaercy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JAN 13 1960

595-21-003-553

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 15783

No. ____ St.

Primary Registration District No. 2048 Registered No. 211

Hospital ____

FULL NAME OF CHILD BERTHA Mary Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Dec 17 1913

FATHER		MOTHER	
FULL NAME	Alma Nielsen	FULL MAIDEN NAME	Clara Luanna Nelsen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaucy
Registrar

(Signature) Mary Landgreen

Mid wife
(Physician or midwife)

Address Treasureton Idaho

Filed Sep 16, 1913 Ellis Kaucy
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Silver Bow } ss.

Certificate No. 15783

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bertha Mary Nielsen (Name on Original Certificate) who was born (Was Born or Died) on Aug 17, 1913 (Date of Event)
in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Bertha Mary Nielsen

Subscribed and sworn to before me this 2 3rd day of March, 1943

Linda Brogan
Notary Public, residing at Butte, Montana
My commission expires Jan - 24 - 1946
(Seal)

Signed Alma Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

514 W Silver
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Silver Bow } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 3rd day of March, 1943

Linda Brogan
Notary Public, residing at Butte, Montana
My commission expires Jan - 24 - 1946
(Seal)

Signed Clara Nielsen
(Signature of Any Credible Person Other Than Previous Year)

514 W. Silver St
(Street Address, City, State)

MAR 29 1943

145-15:003-214

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15787

County of Bannock

City of Treasureton

Registration District No. 11 File No. 210

No. ____ St.

Primary Registration District No. 2048 Registered No. 211

Hospital ____

FULL NAME OF CHILD Marian Ames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Aug 15 1913

FATHER

FULL NAME Hyrum Clark Ames

RESIDENCE Treasureton Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Trenton Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hester Saunderss

RESIDENCE Treasureton Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kanly Registrar

Filed Sept 10, 1913 Ellis Kanly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. U.C.—Rev. 5-15-42

JAN 24 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-23-003-897

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1 [redacted]

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15785

Primary Registration District No. 2047 Registered No. 206

FULL NAME OF CHILD Rusty Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 23 1913

FATHER

FULL NAME: Jas. Thomas Benson

RESIDENCE: Dempsey

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Smithfield Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Atta May Huggins

RESIDENCE: Dempsey

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Dempsey Idaho

OCCUPATION: Farmer's Wife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at One A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kasey Registrar

(Signature) Freana F. Merrick

Midwife (Physician or midwife)

Address Dempsey, Idaho.

Filed Sep 10, 1913 Ellis Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAY 10 1943

255-27.003-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 15786

No. —, St.

Primary Registration District No. 5046

Registered No. 22 C

Hospital —

FULL NAME OF CHILD Casper Hunt Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Aug (Day) 17 (Year) 191[illegible]
Male	—	—	yes	

	FATHER	MOTHER
FULL NAME	John A Bennett	Geneva Caffin
RESIDENCE	Downey Ida	Downey Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Kaysville Ut,	Downey, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Hunt Bennett M.D.

(Physician or Midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

Eric Icenogle
Registrar

Filed Sep 20, 1913 Eric Kenogle
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 3/6/41 rmf

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

412-12-003-253

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____ St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-15-12

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 15787

Primary Registration District No. 2047 Registered No. 248

FULL NAME OF CHILD Henry Charles Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Henry Mason	FULL MAIDEN NAME	Jennie Bell
RESIDENCE	Dempsey, Ida.	RESIDENCE	Dempsey Idg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Florence Neb	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Freana F. Merrick

Midwife (Physician or midwife)

Address Dempsey, Idaho.

Given names added from a supplemental report

..... 19.....

Elis Kasey Registrar

Filed Sep 16, 1913 Elis Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

897.209.003-219

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____ St.

Hospital At home

Form V. S. No. 11-C—30m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15788

Registration District No. 11 File No. ____

Primary Registration District No. 2047 Registered No. 209

FULL NAME OF CHILD Roscyell Higgins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 9 1913

FATHER	MOTHER
FULL NAME: Don Carlos Higgins	FULL MAIDEN NAME: Ida May Barney
RESIDENCE: Dempsey Idaho	RESIDENCE: Dempsey
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Richfield Utah	BIRTHPLACE: Spanish Fork Utah
OCCUPATION: Laborer	OCCUPATION: Laborer's Wife

Number of child of this mother, including present birth: 8th

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Freana F. Merrick
Midwife
(Physician or midwife)

Address Dempsey, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1913

Lees Kaye
Registrar

Lees Kaye
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0- 20m-9-12-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 8 [illegible] FEB 13 1968

268-22:003-289

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____ St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

15789

Registration District No. 11 File No. ____

Primary Registration District No. 2047 Registered No. 207

FULL NAME OF CHILD Vesnia Boyce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 27, 1913

FATHER		MOTHER	
FULL NAME	Alvin E. Boyce	FULL MAIDEN NAME	Minnie Byington
RESIDENCE	Dempsey, Idaho	RESIDENCE	Dempsey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Dempsey
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Freana F. Merrick

Midwife (Physician or midwife)

Address Dempsey, Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed Sep 10, 1913 Ellis Kaney Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DECEASED

[illegible] 225-099-269

PLACE OF BIRTH

County of Power

City of American Falls

STATE OF IDAHO
BUREAU OF VITAL STAT[illegible]

CERTIFICATE OF BIRTH

Form No. 11-C—20m-2-15-12

5790

Registration District No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mary Rosemann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 25 1913

FATHER	MOTHER
FULL NAME John Rosemann	FULL MAIDEN NAME Katharine Both
RESIDENCE Am. Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nock

Physician
(Physician or midwife)

Address American Falls Ida.

Given names added from a supplemental report

.....19.....

Filed Sept 12th 1913 R. F. Nock
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 17 1965

JUN 21 1965

696-119-099-869

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls Registration District No. 25 File No. 15791

No. ..... St. Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gustav Adolph Froese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 19 1913

FATHER		MOTHER	
FULL NAME	Gustav A. Froese	FULL MAIDEN NAME	Frieda Horsch
RESIDENCE	American Falls R.F.D.	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Voth, Physician

(Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 1 1913 Richard F. Voth Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAR 13 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 30m

PLACE OF BIRTH

239-105 239-133

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 15792

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Clifford Mc Strickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 5 19

FATHER

FULL NAME: Elmer Strickman

RESIDENCE: American Falls

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Kansas City, Kans.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Janina Allen

RESIDENCE: American Falls

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: American Falls

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:3[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 19 13 R. F. Wolf Registrar

8-Y CO. 20174

AGE AT LAST BIRTHDAY

STATE OF IDAHO

PLACE OF BIRTH

259-124-042-962

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 6 Ave. North St.

Hospital

Form V. S. [illegible] Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD William Russell Keizer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	July 24 1913

FATHER		MOTHER	
FULL NAME	Chas. J. Keizer	FULL MAIDEN NAME	Donah L. Robinson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Polk Pa.
OCCUPATION	Clerk	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9a on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DMcLean LAlexander

(Physician ~~or midwife~~)

Address Twin Falls

Given names added from a supplemental report

.....19.....

Registrar

Filed 8-16 19 13 Jos. W. Douglas

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County of

FEB 22 1944

MAY 13 1949

399. 10710X2 493 (Be sure the information is complete and accurate)

Amended 9-23-64

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15794
Local Reg. No.
Reg. Dist. No. 1085

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Victor b. (Middle): Thomas c. (Last): Crismor

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 7, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Samuel b. (Middle): E. c. (Last): Crismor

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Cigar Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): c. (Last): Ditter

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minneapolis, Minn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Duncan L. Alexander

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8-16-1913

22. REGISTRAR'S SIGNATURE: J.I. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY ____ WEIGHT AT BIRTH ____ IV

ON OF VITAL STATISTICS, BOISE, IDAHO.

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 15794

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Victor Thomas Crissmor (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Victor Thomas Crissmor	Victor Thomas Crismor
Name of Father	Crissmor	Crismor

Subscribed and sworn to before me this 2nd day of
Oct., 1964

Notary Public, residing at Twin Falls, Idaho
My commission expires Sept. 28, 1964
(Seal)

Signed Ina Henry Eggleston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

201 Falls Ave. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

The Equitable Life Assurance Society of the U. S. gives his name as Victor Thomas Crismor. Thomas F. Parkinson, President Issued Jan. 7, 1937
Viewed by V. S

Marriage License gives name as Victor Thomas Crismor. Married at Buhl, Idaho Twin Falls County on Jan. 11, 1945.
Viewed by V. S.

Reoord of Membership in Lodge # 122 Independent Order of Odd Fellows, Buhl, Idaho gives name as Samuel E. Crismor. Elected Aug. 17, 1943. T. D. Blankenship, Recording Secretary
Viewed by V. S.

Application forPatriarchs Militant of Canton Colfaz # 13
Chevalier gives name as Samuel E. Crismor signing for another member W. H. Lancaster I.O.O. F. Lodge. Dec. 4, 1944
Viewed By V.S.

162-119-042-693

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 15795

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Baby Joslin, Theodore Horace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M		1st	Yes	July 19 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Lester Joslin	FULL MAIDEN NAME Sarah M. Willis
RESIDENCE Rogerson	RESIDENCE Rogerson
COLOR Wh.	COLOR Wh.
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Utah
OCCUPATION Rancher.	OCCUPATION Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Lambert, M.D.
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-25 1913 Jonas Caples
Registrar

.....
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—20m-9-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 2 3 1941

PLACE OF BIRTH
(County of [illegible])

SEP 9 1942

JUL 2 9 1975

231-10[redacted]2-314

PLAC[redacted]IRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 2085 File No. 15796

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Alexander Lusby Black

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	July 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Black	Mildred Cammerren
RESIDENCE	Twin Falls Ida	Twin Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Canmore Nova Scotia	Minneapolis Minn.
OCCUPATION	Farmer	Hsf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 8-16 19 13 Johnston Crighton

Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 4, 1940. E.W.

419-123-042-314

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Shoshone~~ Basin

Registration District No. 2085 File No. 15797

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Darling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	✓	✓	Yes	July (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Darling	FULL MAIDEN NAME	Vrouna Campbell
RESIDENCE	Shoshone Basin Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Fairview Wyo
OCCUPATION	Brick mason	OCCUPATION	Hsw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dwen L. Alexander

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-16 1913 John H. Anglen

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City

Ward

Hospital

Full name of child

Sex

Color or race

Name of father

Residence

Color or race

Birthplace

Age at last birthday

Occupation

Birthplace

Maiden name of mother

Residence

Color or race

Birthplace

Age at last birthday

Occupation

Birthplace

PERMANENT RECORD

THIS SPACE FOR STATE REGISTRATION NUMBER

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev.

41X-228-042-816

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2065 File No. 15798

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD DORIS EARLA MAURER

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	July 28 1913

FATHER	MOTHER
FULL NAME E. Foster Maurer	FULL MAIDEN NAME Rose E. Hawkins
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Somerset Penn.	BIRTHPLACE England
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. July 28, 1913, at 2 30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 8-8 1913 John Bigler

Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 10-C-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 15 1952

613110-042-168

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C-~~20m-9-15-15~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 15799

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Harleigh Leonard Wallington

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	Harleigh L Wallington	FULL MAIDEN NAME	Maud M Johnson
RESIDENCE	2 Falls	RESIDENCE	2 Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J A Morgan

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 8-30 1913 John W Coughlen
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) ----------

JUL 1

1942

895-810-042-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] OF IDAHO
VITAL STATISTICS
[redacted]CATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 2045 File No. 15800

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		3	yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	John R. Hinton	FULL MAIDEN NAME	Jerushia E Miller
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Falls	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 8-30 1913 John W. Taylor Registrar

8-Y CO. 20174

Form V. S. No. 1.C-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 26 1972

211-042-264

CE OF BIRTH

Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of

No. St.

Registration District No. 2085 File No. 15801

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Freda Louise Havens

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	Twin	7	Yes	Aug 11 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W Havens	FULL MAIDEN NAME	Lily Summers
RESIDENCE	T. Falls	RESIDENCE	T Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mich	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	"

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 8-30 1913 John H Coughlin

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUL 23 4 33 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 15801

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Havens (Name on Original Certificate) who was born (Was Born or Died) on Aug. 11, 1913 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Freda Louise Havens

Subscribed and sworn to before me this ..... day of July, 19 75

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SAN DIEGO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 19 75

OFFICIAL SEAL
DOROTHY J. BAKER
NOTARY PUBLIC - CALIFORNIA
Principal Office, San Diego Co. Calif.
My Commission Exp. May 30, 1978

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed George Havens
(Signature of Any Credible Person)

4711 LaRueda, LaMesa, Calif. 92041
(Street Address, City, State)

FORM DH 60-155 CL 12-13-65 one copy pd. rec. #3614.

Temporary dirver's permit from Michigan dated 8-10-67 gives name as Freda Havens Merrill. born 8-11-13. viewed by V. S.

AUG 21 1975

Family Bible record gives name as Freda Louise Havens born Aug. 11,1913. appears ot be quite old bible. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Registration District No. 2085 File No. 15802

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin (To be answered only in event of plural births)		6	Yes	Aug 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W Havens	Lily Summers
RESIDENCE	T Falls	T Falls
COLOR	white	whit
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Mich	Iowa
OCCUPATION	Farm	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:05 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

Filed 8-30 1913 John W. Coughlan

Registrar

_____

Registrar

8-Y CO. 20174

STATE OF IDAHO

193207 0 62-8 19

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. II-C (Revised)

City of Rock Creek

Registration District No. 4065

File No. 15803

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	July 7 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theophilus O. Welles	Susie Hartley
RESIDENCE	Rock Creek, Ida	Rock Creek, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY	33 (Years)	27 (Years)
BIRTHPLACE	Kansas	North Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Coleson M.D.

Physician

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 7-14 1913 John A. Coughlin Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

JUN 2 5 1975

962-1

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen.

No. _____ St.

Hospital _____

Registration District No. 2085 File No. 15804

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Robert Irvin Rose

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	(To be answered only in event of plural births)		5	yes.	July 19 1913

FATHER

FULL NAME: Walter N. Rose.

RESIDENCE: Hansen. Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Minnie Law

RESIDENCE: Hansen. Ida.

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. July 19, 1913, at 6 55 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Twin Falls

7-25 19 13 John H. Coughlan

Registrar

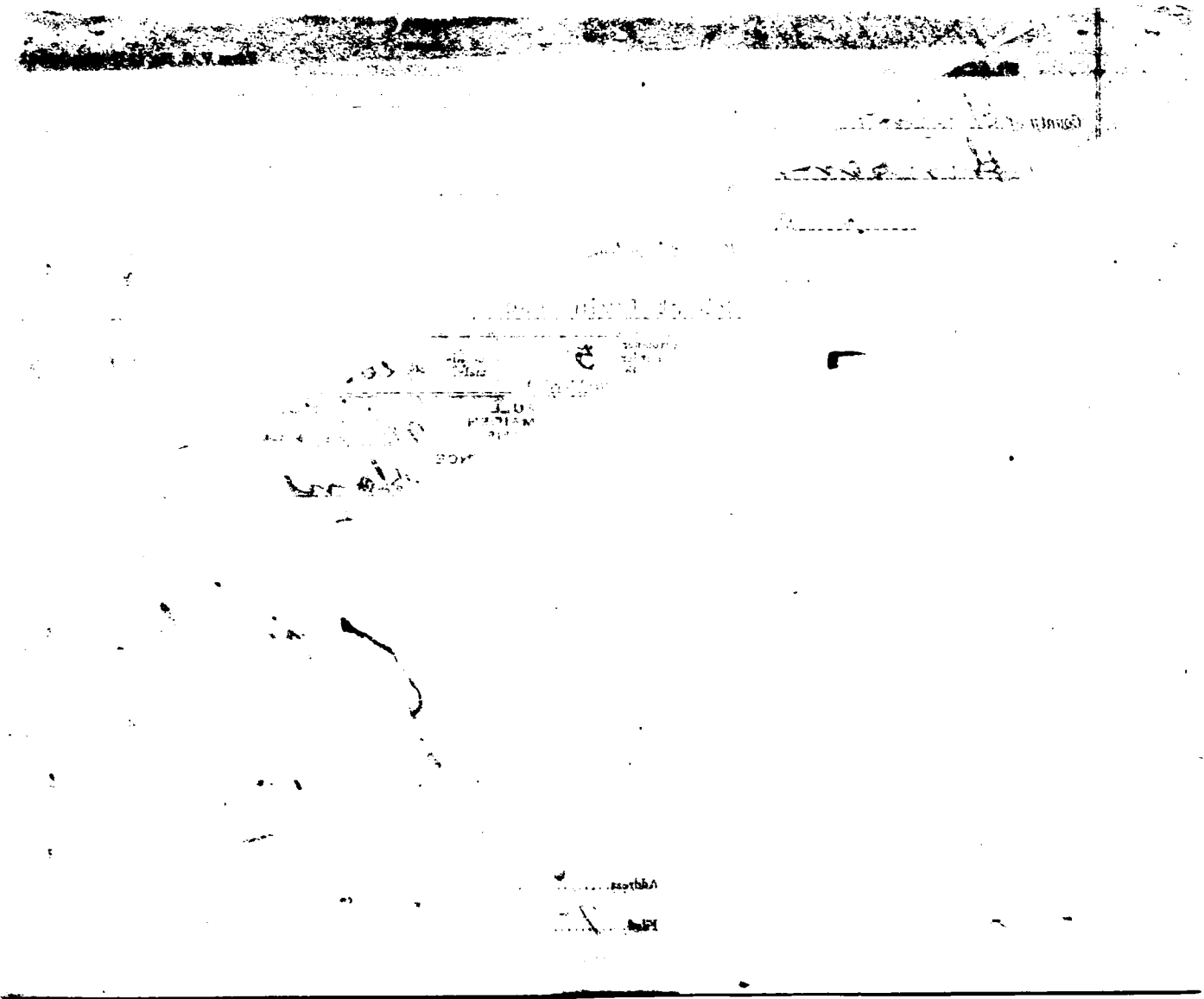
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



4/5/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 9 10 09 AM '76
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... APR 9

Certificate No. 15804

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1913 (Date of Event)
in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Irvins Rose

Subscribed and sworn to before me this 5th day of April, 19 76

Notary Public, residing at Boise

My commission expires 4-1-77

(Seal)

Signed X [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3102 Throckmorton Pl. Boise Ida. 83706
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Church record dated 1-5-31 lists Robert Ivins born to Walter Nowlin Rose and Minnie Lucinda Lau on 19 July, 1913. viewed by V.S.

APR 5 1976

History of Daniel Frederick Lau published in 1973 gives Robert Irvins born July 19, 1913 to Minnie and Walt Rose. viewed by V.S.

264/29.062-799

PLACE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Hospital .....

Registration District No. 2085 File No. 15805

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James H. Boden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Aug. 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. H. Boden	Ella Grimes
RESIDENCE	Milner, Ida.	Milner, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	28
BIRTHPLACE	Utah	Iowa
OCCUPATION	Civil Engineer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-3 1913 John W. Coughlan Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 11 1964

ACE OF BIRTH

County of

71-215-042-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O (Rev. 15-12)

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 15806

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Caryl Virginia Gamble

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Aug 15 1913

FATHER		MOTHER	
FULL NAME	Max Gamble	FULL MAIDEN NAME	Myra Chamberlin
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD

physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed 8.20.1913 John H Coughlin Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

7/4115.042-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 15807

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Darrel Stephen Gamble

Sex of Child	Twin / Triplet / etc. (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Aug 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Max Gamble	Myra Chamberlain
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	17
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H W Wilson M D

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Filed 6-20 19.13 John H Coughlan Registrar

8-Y CO. 20174

11-4-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 25 1972

c.c. 5/2/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

48-110.042-997

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15808

County of Twin Falls.

City of Twin Falls.

Registration District No. 2085. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5	yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	Ed Myers	FULL MAIDEN NAME	Mary Piggut
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 2:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dot Boyd MD

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-16 19 13 John H Coughlin
Registrar

S-Y CO. 20174

Form V.S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 9 1972

595.124.042.257

PLACE OF BIRTH

Form V. S. No. 11-C—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer

No. ..... St.

Hospital .....

Registration District No. 2085 File No. 15809

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	Aug 24 1913

FATHER		MOTHER	
FULL NAME	Clarence Lee Vining	FULL MAIDEN NAME	Jennie M. Biggerstaff
RESIDENCE	Filer R. F. D.	RESIDENCE	Filer R F D
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Boyd M.D.

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-30 1913 J. Lewis Coughlen

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1949-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

263-23I-042-512

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 2085 File No. 15810

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Frieda Mae Koch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	"Legitimate?"	Date of Birth (Month) (Day) (Year)
F		3	Yes	Aug. 31, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Koch	Kolin Easter
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	30
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Boyd M.D.

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-10 1913 Johnnie Coughlin Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

(County)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

449-21-042-291

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—~~Rev. 6-15-12~~

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 15811

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes.	8 — 17 — 1913

FATHER		MOTHER	
FULL NAME	John Burpee.	FULL MAIDEN NAME	Della Brockenberry
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 10:15 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Boyd

(Physician ~~or midwife~~)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Sept 20 1913 Johnth Coughlin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-18-

449-117-042-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Filer

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-9-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 285 File No. 15812

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M & F	Twins	5 & 6	Yes	Aug 17 1913

FATHER		MOTHER	
FULL NAME	John Durfee	FULL MAIDEN NAME	Lilla Brockenberry
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd M.D.

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 8-20 19 13 Johnnie Coughlin Registrar

R-Y CO. 20174

Form V. S. No. 1100—Rev. 8-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH 1969 JUL 29

435-114-043-713

PLACE OF BIRTH

County of Twin Falls

City of "

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 1 0 5

File No. 15813

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Cyrus Lee McNew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		2	Yes	8 - 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E J McNew	Ethel M. Patnott Patnott
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 14 (Born alive or stillborn) on the date above stated., at 4 7 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 8 - 30 19 13 John H. Coughlan

Registrar

R-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

2/28/41 L. B.
CITY

253-230-042-571

Form V. S. No. 11-C—40m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 361 5th ave N St.

Registration District No. 7885 File No. 15814

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Rose Beckwith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 30 1913

FATHER		MOTHER	
FULL NAME	Fred W. Beckwith	FULL MAIDEN NAME	Edna E. Egan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 a.m. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-30 19 13

Edwin Creighton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 4 1967

653-117.042-487

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 6 4th Ave. E. St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15815

Primary Registration District No. Registered No.

FULL NAME OF CHILD William Mark Felt.

Sex of Child	(Twin, triplet or other?) and (Number in order of birth) (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	yes	Aug 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Earl Felt.	Rose Hygert
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Spring Valley, Minnesota	Hamilton Co. Iowa.
OCCUPATION	Contractor	Housewife.

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug 17, 1913, at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-30 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 23 1949

255-113-042-962

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 403 3rd ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-13

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15816

Primary Registration District No. Registered No.

FULL NAME OF CHILD William Ernest Benniller.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 13 1913

FATHER		MOTHER	
FULL NAME	L. C. Benniller	FULL MAIDEN NAME	Ada A. Roberts
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Tennessee
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8.20 19.13

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]-20m-2-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

268-110-042-695

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 360 4th Av E St.

Hospital

Registration District No. 1085 File No. 15817

Primary Registration District No. Registered No.

FULL NAME OF CHILD Laurence Vincent Kohles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 10 1913

FATHER		MOTHER	
FULL NAME	Michael A. Kohles	FULL MAIDEN NAME	Marie Freis
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Germany
OCCUPATION	Grand Union Tea Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D.

physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed 9-10 19 13 John W Coughlan Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

293-208.042-343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 521 5th Ave. N St.

Registration District No. 1086 File No. 15818

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Maree Adeline Bickford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Aug 8 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Bickford	FULL MAIDEN NAME	Addie Luttman
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-16 1913 John H Coughlin
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1100—Rev. 5-53

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

1965

County of .....

036-202-012-513 Amended Sept. 29, 1955

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 557 2nd St. W

Registration District No. 1085 File No. 15819

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ROSILLA J. Bloom

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug (Month) 2 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Nathaniel Bloom	FULL MAIDEN NAME Esther Nathan
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE New York City	BIRTHPLACE New York City
OCCUPATION Traveling Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-16 1913 Edward Coughlan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 2015

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of SAN DIEGO } ss.

Certificate No. 15819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bloom (Name on Original Certificate) who was born (Was Born or Died) on August 2, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Unnamed Bloom	Rosella J. Bloom

Subscribed and sworn to before me this 16 day of August, 19 55
Notary Public, residing at La Mesa
My commission expires 10/3/58
(Seal)

Signed Nathaniel K. Bloom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
8312 La Mesa Blvd. La Mesa Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SAN DIEGO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Sept., 19 55
Notary Public, residing at La Mesa, Calif.
My commission expires My Commission Expires Sept. 10, 1956
(Seal)

Signed Arline May Ogle
(Signature of Any Credible Person)
7908 La Mesa Blvd. La Mesa, Calif.
(Street Address, City, State)

DPH 52.155 6/6/55 Copy

614-20-042-384

PLACE OF BIRTH

Form V. S. No. 10-D-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " " Hansen

Registration District No. 1085 File No. 15820

No. 464 St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mary Frances Faris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward W. Faris	Rena Lyman
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Illinois	Michigan
OCCUPATION	Auto. garage	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-8 1913 Johnnie Engleman
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/11/41 L. B.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. 1A Rev.

855-20-0-13-763

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15821

County of Twin Falls

City of Twin Falls

Registration District No. 1085 File No.

No. ——, ——— St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Hendricks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	8 / 1913

FATHER		MOTHER	
FULL NAME	Bill Hendricks	FULL MAIDEN NAME	Grace Rock
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	2
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 4 M.

above stated.

(Where there was no attending physician or midwife the father, householder, etc., should report. A stillborn child is one that neither breathes nor shows other evidence of life such as beating heart, pulsation of cord, or movement of voluntary muscles.)

(Information added from a supplemental report

(Signature) W. F. Pike

Physician

(Physician or Midwife)

Address Twin Falls, Ida.

, 19

Filed 8-9 1913 John H. Coughlin

Registrar

SYMS - YORK CO. INC. 17926

Registrar

RESERVED FOR BINDING

WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD

N. B. In order to secure uniformity in the Registration Books, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K.

Form V. S. No. 11-C—10m-9-11

STATE OF IDAHO

PLACE OF BIRTH

MAR 20 1969

PERMANENT RECORD

THIS CERTIFICATE must be filed with the local registrar of the district in which birth occurred within ten days after birth and before a burial permit is issued. Full and accurate answers to all questions are required by law.

473 306 002 693

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. ..... St.

Hospital Twin Falls

Registration District No. 1085 File No. 15822

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charlotte Helen Upton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	yes	Aug. 6. 1913

FATHER		MOTHER	
FULL NAME	Chas H Upton	FULL MAIDEN NAME	Nellie Wilkins
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	California
OCCUPATION	Ditch rider	OCCUPATION	Housewife

[illegible] child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*"Where [illegible] was no attending physician or [illegible]her, householder, etc., should [illegible] stillborn child is one that [illegible]ews other evidence of life

[illegible] supplemental report

..... 19.....

..... Registrar

(Signature) J. O. Boyd M.D.

Twin Falls. Idaho
(Physician or midwife)

Address Twin Falls. Idaho

Filed 8-20 19 13 John F. Coughlin Registrar

MARGIN FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] of name [illegible] one child of [illegible] SEPARATE RETURN must be made for each and the number [illegible] in order of birth stated.

STATE OF NEVADA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

864-22-042-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls.

No. ..... St.

Hospital Twin Falls

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 15823

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	3	yes	July 2 1913

FATHER		MOTHER	
FULL NAME	Will J Young	FULL MAIDEN NAME	Maude J Young
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	W	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	COLOR	W
OCCUPATION	Real Estate	AGE AT LAST BIRTHDAY	34 (Years)
		BIRTHPLACE	Indiana
		OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Boyd MD

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-30 1913 Robert A Engleman Registrar

8-Y CO. 20174

Form V. S. No. 1-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

JUL 2 2 2004

259-126-042-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

Registration District No. 1095 File No. 15824

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Paul H. Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	Aug 26 1913

FATHER		MOTHER	
FULL NAME	Edwin V Berg	FULL MAIDEN NAME	Beatrice Cannis
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Boyd MD

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 8-30 1913 John L Engleman

..... Registrar

R-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

692.239.042-268

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Hospital ____

Registration District No. 1085 File No. 15825

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		7	Yes	Aug 29 1913

FATHER		MOTHER	
FULL NAME	Carl I Fish	FULL MAIDEN NAME	Rilla E Boyd
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ca
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dot Boyd
Md
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 9-8 19 13 John W Coughlin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

435-203-016-399

Form V. S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

[redacted] Cassia

Oakley

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 15826

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara Anona McEvers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Sept 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C Reuben McEvers	Della Critchfield
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P D Cohan M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 9/16 19 13

C P D Cohan
Registrar

9-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—Rev-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Apr 1 1943

[redacted]

CE OF BIRTH

No.

Hospital

FULL NAM

Form V. S. No. 13-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City Oakley

No. ____ St.

Registration District No. ____ File No. 15827

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Ellen Lona Nickerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Dec. 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forrest L. Nickerson	Ethel Mix
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Utah	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8-35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Cohan M.D.
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

None given 19....

Registrar

Filed 9/16 19 13 E. P. Cohan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

L. B.

9/20/41

[redacted] 9-024-13

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimball

No. ..... St.

Registration District No. 22 File No. 15828

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Ehert Eahrn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	June 9 1913

FATHER	MOTHER
FULL NAME Alfred F Eahrn	FULL MAIDEN NAME Ona M Ackley
RESIDENCE Kimball Idaho	RESIDENCE Kimball Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Penn	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Faust

Physician
(Physician or midwife)

Address Kimball, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 2 19 13 H. G. Faust Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261- [redacted] 819

[redacted] RTH

Form V. S. No. 11-C—20m-2-25-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 21 a

Primary Registration District No. 2130

File No. 1 15829

Registered No. 1

FULL NAME OF CHILD ~~[illegible]~~ Dorothy Louise Swank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 5 1913

FATHER	MOTHER
FULL NAME: Fred Swank	FULL MAIDEN NAME: Hallie Harris
RESIDENCE: Fruitland	RESIDENCE: Fruitland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Oregon
OCCUPATION: Blacksmith	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette Idaho

Filed Aug 8th 1913 Crispin Coright
Local Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 18 1944

Form V. S. No. 11-C—20m-3-15-12

799.226.070

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Junction

No. ....., ... St.

Registration District No. 2116 File No. 15831

Primary Registration District No. 2116 Registered No. 6

Hospital .....

FULL NAME OF CHILD Verna Pritchett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 26 1913

FATHER		MOTHER	
FULL NAME	W. C. Pritchett	FULL MAIDEN NAME	Retta Tobias
RESIDENCE	Junction, Idaho	RESIDENCE	Junction Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	miner	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) W. P. Scruggs M. D.

Leadore Idaho

(Physician or Midwife)

....., 19.....

Address .....

Filed Aug 21 1913 Helen L. Smith

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

APR 17 1969

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

213-208-030-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

No ....., ... St.

Hospital .....

Registration District No. 41 File No. 15832

Primary Registration District No. 2116 Registered No. 7

FULL NAME OF CHILD Chlotilde Louise Kalish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 8 1913

FATHER		MOTHER	
FULL NAME	Peter Kalish	FULL MAIDEN NAME	Lucinda Maude Trenton
RESIDENCE	Leadore Ida.	RESIDENCE	Leadore Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address Leadore Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 21 1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

c.c.d/12/41. w.h.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

351-109-030-699

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-Rev-1-1-23

CERTIFICATE OF BIRTH

Registration District No. 2116 File No. 15833

Primary Registration District No. 2116 Registered No. 8

FULL NAME OF CHILD Hezekiel Wright Leabo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 9 1913

FATHER		MOTHER	
FULL NAME	George Leabo	FULL MAIDEN NAME	Wilda Wright
RESIDENCE	North Fork Lemhi Co	RESIDENCE	North Fork Lemhi Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Saw Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-13 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-2- 19 13 Helen L. Smith Registrar

B-Y CO. 84638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Herschel Wright Leabo

5. Date of Birth of Child (Month, day, year) Aug 9-1914

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME George Albert Leabo

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Lewis (City or town) Fergus Montana (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Alvilda Wright

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Salmon City Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington
County of Cowlitz } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that F. S. Wright, M. D. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Albert Leabo Signature

636 15th Ave. Longview, Washington P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 42

(SEAL) Della Germain Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369.214 030433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____, ____ St.

Hospital ____

Form V.S. 9. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 15834

Primary Registration District No. 2116 Registered No. 9

FULL NAME OF CHILD Orean Bernice Cork

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes.	Date of birth: 8 (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Cork.	FULL MAIDEN NAME	Blanche McLaughlin
RESIDENCE	Salmon Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.15 A. M. on the date above stated.

(Signature) O Bratton, MD.

(Physician or Midwife)

Address ____

Filed August 14 1913 Helen L Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Cmo ____, 19____

____ Registrar

K

BANK - YORK CO. 8788 A 1000 17826

Form U. S. No. 11-C—10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

ACE OF BIRTH

No.

1329/41. w.h.

f the county

919-128-030795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No ....., ... St.

Hospital .....

Registration District No 42 41 File No. 15835

Primary Registration District No. 2153 2116 Registered No. 10

FULL NAME OF CHILD ~~Paul Edward Rainey~~ James Albert Rainey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	James Albert Rainey	FULL MAIDEN NAME	Viola Frances Preston
RESIDENCE	Gilmore, Idaho	RESIDENCE	Gilmore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Menan, Idaho	BIRTHPLACE	Gilmore, Idaho
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 35 P M. on the date above stated.

(Signature) Frank O. Paul M.D.

(Physician or Midwife)

Address Gilmore, Idaho

Filed 9-22 1913 Helen L. Conner Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

United States
Department of Commerce
Bureau of Census

REC'D
APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 15[illegible]
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH
(a) County LEMHI (b) City GILMORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birt
(a) State IDAHO (b) County LEMHI
(c) City GILMORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4[illegible] y
(f) Mother's mailing address GILMORE

3. RESIDENCE of FATHER (city, state)

FULL NAME OF CHILD JAMES ALBERT RAINEY

5. Date of Birth (Month, day, year) AUG 28th 19[illegible]

Sex MALE 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy REGULAR Legitimate? YES

FATHER OF CHILD

FULL NAME JAMES ALBERT RAINEY
Color or Race WHITE 12. Age at time of THIS birth 29 yrs.
Birthplace MENAN IDAHO (City or town) (State or foreign country)
Exact Occupation LABORER
Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA FRANCISPRESTON
17 Color or Race WHITE 18. Age at time of THIS birth 2I y
19. Birthplace POCATELLO IDAHO (City or town) (State or foreign countr
20. Exact Occupation HOUSE WIFE
21. Industry or Business

~~Name prophylactic used to prevent Ophthalmia~~ Neonatorum IST yes
Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the da
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who
related to this child as ..... (Mother, etc.)

(a) ..... (Date received) (b) ..... (Registrar's signature)
Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.
and address ..... (D.O., Midwife, et Date

te of IDAHO
unty of MINIDOKA } ss.

AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.

I, VIOLA FRANCIS RAINEY, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with
~~JAMES ALBERT RAINEY~~ (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certifica
ears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts co
ed therein are true to the best of my knowledge. I further state that FRANK PAUL (Name) was present at birth, who attend
birth JAMES ALBERT RAINEY (Is now deceased, or cannot be located) and that this birth has not been previously recorded.
UNCERTAIN)

Mrs Viola F Rainey. Signatu
P. O. Addres

Subscribed and sworn to before me on this 18th day of APRIL 1941, 19

(SEAL) L A Rogers Notary Public, residing at Rupert
Probate Judge

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363.107 029-3

[redacted] Form V. S. No. 11-C

[redacted] OF VITAL STATISTICS

[redacted] CERTIFICATE

County of [redacted]

City of Troy

Registration District No. 15 File No. 15836

No. ..... St.

Primary Registration District No. 2065 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hallie Leise Lockard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. O. Lockard	Bessie Leise
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Kansas	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Aug 7 1913 at 8:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

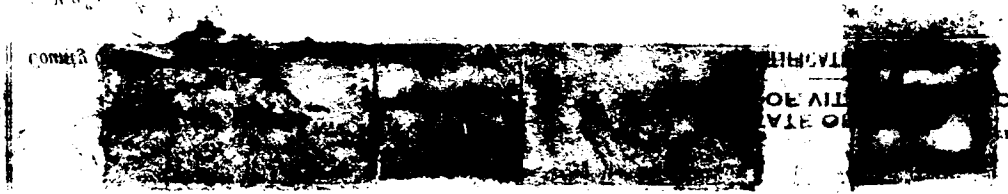
..... 19.....

..... Registrar

Filed Aug 7 1913 J. W. Olson Registrar

B-Y CO. 20174

Certified Copy issued October 23, 1940. E.W.



286

PLAC[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. II-C Rev. 1-18

CERTIFICATE OF BIRTH

County of [redacted]

City of Bonners Ferry Registration District No. 79 File No. 15837

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD JULIA ANNE MAREE SHOOP

Sex of Child: female | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth: Aug. 15 1913 (Month) (Day) (Year)

FATHER

FULL NAME: Chas. W. Shoop.

RESIDENCE: Bonners Ferry, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 48. (Years)

BIRTHPLACE: New York.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Hattie Leslie.

RESIDENCE: Bonners Ferry, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 43. (Years)

BIRTHPLACE: Ontario, Canada.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Aug. 16 19 13. E E Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boundary } ss.

Certificate No. 15837

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Julia Anne M. Shoop (Name on Original Certificate) who Born (Was Born or Died) on Aug. 15th 1913 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Julia Anne Marie Shoop
Birth Date	Aug. 16, 1913	Aug. 15, 1913

Subscribed and sworn to before me this 8th
day of April, 1944

Notary Public, residing at Bonners Ferry Idaho

My commission expires [illegible] 1944
(Seal)

Signed Hattie Shoop Wagner (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 7 1944

APR 19 1944

366-22-009-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Copeland.

No. _____ St.

Hospital _____

Registration District No. 79 File No. 15838

Primary Registration District No. 2156. Registered No. _____

FULL NAME OF CHILD Marjory Dorothy Lofgren.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Aug. 28 1913.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Ludwig Lofgren.	FULL MAIDEN NAME	Beda Edith Hendrickson
RESIDENCE	Copeland, Idaho.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	32. (Years)
BIRTHPLACE	Sweden.	BIRTHPLACE	Sweden.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X [illegible]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Copeland, Ida.

Filed Sept. 5 - 1913. E. E. Fry, Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

(CERTIFICATE OF BIRTH)

PLACE OF BIRTH

DUP OF 1913 D54-0461

295·206·009-118

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital ..... P.O.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 15839

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Lee Isabelle Kinnear

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Sept 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Franklin Kinnear	FULL MAIDEN NAME	Iva Verle Jaquette
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Endicott, Washington	BIRTHPLACE	Elgin Iowa
OCCUPATION	Hardware merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report, ... 19...

Filed Sept. 7 1913.

E. E. Fry
Registrar

..... Registrar

S-Y CO. 24658

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-224044-719

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 15840

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 24 1913

FATHER		MOTHER	
FULL NAME	James Edward Bunn	FULL MAIDEN NAME	Margaret Garno
RESIDENCE	Crane Idaho	RESIDENCE	Crane Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt M D (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 1 19 13 F. A. Schmidt Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

251-106-044-349

PLACE OF BIRTH

County of Washington

City of Nyssa

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 15841

Primary Registration District No. 2154 Registered No. ____

FULL NAME OF CHILD LAMBERT WAYNE SNAPP

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	John Elmer Snapp	FULL MAIDEN NAME	Nellie Tunstaga
RESIDENCE	Nyssa	RESIDENCE	Nyssa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Johnson

P. Physician

(Physician or midwife)

Address Nyssa R. D. 1

Given names added from a supplemental report

....19....

Filed Sept 1 1913

....Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 15841

State of Idaho }
County of Washington } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (15841) (Birth or Death)
for Na. Wayne (Name on Original Certificate) who Born (Was Born or Died) on Aug. 6 - 1913. (Date of Event)
in Midvale Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers statement (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lambert Wayne Snapp

Subscribed and sworn to before me this 27
day of August, 1943

J. H. Goodnight
Notary Public, residing at Midvale Idaho

My commission expires May 10 - 1944
(Seal)

Signed Mrs Nellie Snapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866 227 044168

PLACE OF BIRTH

County of Washington

City of Nyvall

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 15842

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Dessie Wynona Hoffner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 27 1913

FATHER		MOTHER	
FULL NAME	Earnest H Hoffner	FULL MAIDEN NAME	Margaret E Johns
RESIDENCE	Nyvall Idaho	RESIDENCE	Nyvall Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Home Work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt Physician (Physician or midwife)

Address Nyvall Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 1 1913

..... Registrar

S-Y CO. 20174

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-229-044693

PLACE OF BIRTH

Form V. S. No. 11-C—Rm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 15843

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Della Margaret Haigue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 29 1913

FATHER	MOTHER
FULL NAME Geo. Chandler Haigue	FULL MAIDEN NAME Alice May Wicks
RESIDENCE Meadale	RESIDENCE Meadale
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ella M Wicks attend

(Physician or midwife)

Address Meadale Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 13 1913 Faschnuss

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) [illegible]

493-102-04K-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 15844

No. ..... St.

Primary Registration District No. 2134 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wm Woodroe Millar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	June 2 1913

FATHER

FULL NAME Ira Millar

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE ~~Ida~~ Kan

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Rosa Bell Parmer

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midvale Ida

attendant

(Physician or midwife)

Address Midvale Ida

Given names added from a supplemental report

..... 19.....

Filed July 1 19 13 T. A. Schmidt

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF [illegible]

County of

DUP OF 1913-33295J

NAME CHANGE

255-21-044693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15845

County of Washington

City of Midvale

Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Anna Bell Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 17 1913

FATHER		MOTHER	
FULL NAME	James Hiram Bennett	FULL MAIDEN NAME	Laura Wicks
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ella M Wicks

attend

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 13 1913 Faschmann

Registrar

..... Registrar

2-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

442.N1-031.619

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

[redacted] OF IDAHO
[redacted]VITAL STATISTICS
[redacted]RTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-15-12

Registration District No. [redacted]9 File No. 4 15846

Primary Registration District No. 2128 Registered No. 4

FULL NAME OF CHILD Walter Myron Muschil

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Aug 11 1913

FATHER		MOTHER	
FULL NAME	Walter Muschil	FULL MAIDEN NAME	Stella Harris
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 E Taylor

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

499-125-035-075

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED **CERTIFICATE OF BIRTH**

County of NezPerce
City of Lewiston
No. 1904 Me. St.
Hospital

August 26, 1946
Registration District No. 96
Primary Registration District No. 1009

File No. 15847
Registered No. 5

FULL NAME OF CHILD Albert P. Miranda
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 25, 1913 x1915

What bacterioidal solution was used in eyes?

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Salvadore Miranda	FULL MAIDEN NAME: Mary Speno
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: W. AGE AT LAST BIRTHDAY: 51 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Gardener	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mary Pecora

Midwife
(Physician or midwife)

Address Lewiston, Idaho

Filed Sept. 10 192x13 L. J. Perkins
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 15847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert P. Miranda (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1913 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Service Record (Bible Record, Insurance Policy, Etc.) prepared on September 18, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bert Mirando	Albert P. Miranda

Subscribed and sworn to before me this 13th day of Aug., 1946

Notary Public, residing at Seattle

My commission expires 6-2-49

(Seal)

Signed Albert P. Miranda
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

612 23rd E Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, } ss.
County of King. }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st. day of Aug., 1946

Notary Public, residing at Seattle

My commission expires Oct. 5, 1949.

(Seal)

Signed Dominic L. Miranda
(Signature of Any Credible Person)

5344 6th. N.E. Seattle, Wash.
(Street Address, City, State)

AUG 30 1976

AUG 27 1946

689-203-035-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15848

Registration District No. 96 File No.

No. ....., ... St.

Hospital At residence Primary Registration District No. 1009 Registered No. 6

FULL NAME OF CHILD Elisabeth McLaurie White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 3rd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel D White	Dora C Porter
RESIDENCE	Lewiston Idaho	Lewiston Idaho.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 47	White / 35
BIRTHPLACE	Chicago Ills.	Shedd Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3- a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Nourse M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Sept. 10 1913 L J Perkins

Registrar

BYMS - YORK CO., PTRS. & BORS. 17328

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. [illegible]

795-203-035-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15849

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No 324, Adams St.

Hospital No

Registration District No 96 File No.

Primary Registration District No. 1009 Registered No. 7

FULL NAME OF CHILD Lillian Greiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug 3rd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred L Greiman	Minnie A Conner
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Dayton Columbia Co Wash	Dayton Wash
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Spencer MD

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

Aug 10 1913 R. J. Perkins

Registrar

MAR 6 1963

STATE OF IDAHO

Bureau of Vital Statistics

JAN 11 1952

755.204.035-664

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Yes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 15850

Primary Registration District No. 1009 Registered No. 8

FULL NAME OF CHILD Myra Alene Pennington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 4th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt L Pennington	Stella Rae Woods (Twice)
RESIDENCE	Lewiston Idaho	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	17 (Years)
BIRTHPLACE	Portland Oregon	Pudursburg Indiana
OCCUPATION	Clerk	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30-P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D H Munroe M D

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

FEB 11 1953

695.2004 035-757

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Hospital

Registration District No. 96 File No. 15851

Primary Registration District No. 1009 Registered No. 9

FULL NAME OF CHILD Jim Vivian Finley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 4th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert A Finley	Gladys O Pearson
RESIDENCE	Kamiah Ida	Kamiah Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	18 (Years)
BIRTHPLACE	Livingston Tennessee	Palouse City Wash
OCCUPATION	~~Lineman~~ Lineman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Pearson M.D

Lewiston Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 10 19 13 L.J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 8 1956

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-1

STATE OF IDAHO

391-205-035-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 14 Ave 24 St.

Registration District No. 96 File No. 15852

Primary Registration District No. 1009 Registered No. 10

Hospital

FULL NAME OF CHILD Virginia Jane Crane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				August 7 1913

FATHER		MOTHER	
FULL NAME	Virginia Jane Frank Crane	FULL MAIDEN NAME	Jessie Adams
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Walla Walla	BIRTHPLACE	Bost Mass
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10-to 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Elizabeth Robins

(Physician or Midwife)

Midwife

Address

Given names added from a supplemental report

....., 19.....

Filed Sept. 10 19 13 L. J. Perkins

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

APR 4 1942

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 95 File No. 15853

No. ____, ____ St.

Primary Registration District No. 2173 Registered No. 11

Hospital ____

FULL NAME OF CHILD Ivan Gustin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	Aug. 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. Floyd Gustin	Vena Vollmer
RESIDENCE	Lapwai dist., Nez Perce Co.	Nez Perce Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Idaho.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Lawyer

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 10 1913 L. J. Perkins

.....
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 10 1941

MAY 24 1943

FEB 3 - 1954

342-106-035-523

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15854

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. ——, —— St.

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 12

FULL NAME OF CHILD Gerald Arthur Lukens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 6, 1913

FATHER		MOTHER	
FULL NAME	A. E. Lukens	FULL MAIDEN NAME	Sally Estes
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas.	COLOR	White
OCCUPATION	Book Keeper	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	North Carolina
		OCCUPATION	House wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar K. White M. D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PYRS. & SORS. 17826

Form V. S. No. 11-C—10m—

STATE OF IDAHO

Bureau of Vital Statistics

JUL 27 1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369207-035-492

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No ....., ... St.

Hospital St Joseph's

Registration District No 96 File No. 15855

Primary Registration District No. 1009 Registered No. 13

FULL NAME OF CHILD Ida Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Lorang	Hazel Mosner
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Ida	Michigan
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 10 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Form V.S. 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Usually of) Nampa

12-15-21

512.109: 035-962

Form V. S. No. 2, C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1617 - 6th St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 15856

Primary Registration District No. 1009 Registered No. 14

FULL NAME OF CHILD BENJAMIN ROBERT EASTBURN

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 9 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Roy Eastburn

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kans.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Emmie M. Robinson

RESIDENCE Lewiston

COLOR W. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Minn.

OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive ~~(or stillborn)~~) at 2 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Perkins

(Physician ~~or midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

.....19.....

Filed Sept 10 1913 R J Perkins

.....Registrar

.....Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 15856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Benjamin Robert Eastburn (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 9, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Bergeman	Benjamin Robert Eastburn

Subscribed and sworn to before me this 10th day of March, 1943

Notary Public, residing at Clarkston, Wash.

My commission expires 11-4-44
(SEAL)

Signed Anna May Eastburn (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Benjamin Avenue - Clarkston, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1943.

Notary Public, residing at Clarkston, Wash.

My commission expires 11-4-44
(SEAL)

Signed Mrs Carl E. Clausen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Clarkston, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, 13th St.

Hospital ____

Registration District No. 96 File No. 15857

Primary Registration District No. 1009 Registered No. 15

FULL NAME OF CHILD Audrey Fay Mutchell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3rd	Yes	May 16th, 1913

FATHER		MOTHER	
FULL NAME	Howard N. Mutchell	FULL MAIDEN NAME	Margaret Babcock
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Laundryman — washer and extractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Dawson

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept. 10, 1913 L. J. Beckham
Registrar

S-Y CO., 18670

STATE OF IDAHO

PLACE OF BIRTH

25-20-035-957

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No 1027 7th Avenue

Registration District No 96 File No. 15858

Hospital Residence

Primary Registration District No. 1009 Registered No. 16

FULL NAME OF CHILD Ernest Charles Knaph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 20 1913

FATHER		MOTHER	
FULL NAME	Charles E Knaph	FULL MAIDEN NAME	Beulah M Deyhram
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Garden Grove Iowa	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Lewiston
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D R Munro MD

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 10 1913 L. J. Perkins

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11A

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

468-20-035-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0128, 8th St.

Registration District No. 96 File No. 15859

Primary Registration District No. 1009 Registered No. 17

Hospital

FULL NAME OF CHILD Lena Marie Doyle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2	yes	April 20th, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Doyle	Clara Benson
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	22 (Years)
BIRTHPLACE	Connecticut	Ida.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Samuels

D Lyons

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 10 1918 L. J Perkins

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 24 1962

081-22-035-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston R.R. No. 1 Registration District No. 95 File No. 15860

No. ____ St.

Primary Registration District No. 2173 Registered No. 18

Hospital ____

FULL NAME OF CHILD Francis Carl Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	W. R. Sharp.	FULL MAIDEN NAME	Cora Bailey
RESIDENCE	Lewiston R.R. No. 1.	RESIDENCE	Lewiston R.R. No. 1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 8 a. M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Sept. 10 1913 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C-20m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

County of

319-22-3035-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-5-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1513, 7 1/2 Street

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9C File No. 15861

Primary Registration District No. 1009 Registered No. 19

FULL NAME OF CHILD Bertha Edith Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1st	Yes	August 23, 1913

FATHER		MOTHER	
FULL NAME	Albert Carpenter	FULL MAIDEN NAME	Anna Ross
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) J. B. Morris

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept. 10, 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

K

SEP 29 1970

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-51

DECEASED

966-224-035-253

PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 15862

Primary Registration District No. 1009 Registered No. 20

Hospital St Joseph's

FULL NAME OF CHILD Katherine Keller Roos

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	1st	Yes	Aug 24 1913

FATHER		MOTHER	
FULL NAME	John P Roos	FULL MAIDEN NAME	Freida Keller Roos
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Manager of Merchandise Store	OCCUPATION	Housewife

Number of child of this mother including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Sept 10 19 13 S. J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Twin Falls

Z - R005

dup of 1913-D62-832

41X.26.035.2 38

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston, Star Route. Registration District No. 95 File No. 15863

No. ..... St. Primary Registration District No. 2173 Registered No. 21

Hospital .....

FULL NAME OF CHILD ..... Dau

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Dau	Mary Magdelene Seketz
RESIDENCE	Lapwai	Lapwai
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston

Given names added from a supplemental report

..... 19.....

Filed Sept. 10 19 13 L. J. Perkins Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

JAN 14 1957

County of

819-228-035-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. East, Main St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15864

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 22

FULL NAME OF CHILD Maxine Harrington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Aug. 28 1913

FATHER		MOTHER	
FULL NAME	Lewis Harrington	FULL MAIDEN NAME	Mary Krieg
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Brakeman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 P M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida.

Filed Sept. 10 19 13 L J Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

BYMS - YORK CO., PTRS. & SDRS. 17826

Form V. S. No. 10-C—Rev. 5-47-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) ...

OK

JAN 2 4 2017

68-231-035-436

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No 108, 16th ave St.

Hospital

Registration District No 9C File No. 15865

Primary Registration District No. 1009 Registered No. 23

FULL NAME OF CHILD Elsie Wahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 31 1913

FATHER		MOTHER	
FULL NAME	Sherman Leon Wahl	FULL MAIDEN NAME	Mary Clara McFarland
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	California	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Sept. 10, 19 13 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 16 1960

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—Rev. 5-51

756 d 23 010-691

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE C[redacted] BUREAU OF VI[redacted]TICS

CERTIFICATE [redacted]

County of Bonneville

City of Idaho Falls

Registration District No. 7-3 File No. 15866

No. ..... St.

Primary Registration District No. 21-3 Registered No. 17-1

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 23 1913

FATHER		MOTHER	
FULL NAME	Edar L. Lewis	FULL MAIDEN NAME	Elsie Elizabeth Frame
RESIDENCE	Dill St Idaho Falls	RESIDENCE	Dill St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Asheville N Carolina	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~) at 4 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Annie Taylor Midwife

(Physician or midwife)

Address 262 - 6th St.

Filed Aug 11 1913 [redacted] Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

394113 · 02238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 15867

No. ____ St. Primary Registration District No. 2150 Registered No. 196

Hospital ____

FULL NAME OF CHILD Herbert Oliver Crumley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy.			yes	Feb. 13 1913

FATHER		MOTHER	
FULL NAME	Olin Wilson Crumley	FULL MAIDEN NAME	Vera Lena Scheidegger
RESIDENCE	Idaho Falls,	RESIDENCE	Idaho Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Belton, Mo.	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated., at 2 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Bertha Scheidegger

Idaho Falls, Midwife (Physician or midwife)

Address Idaho

Given names added from a supplemental report

....19....

....Registrar

Filed Aug 12 19 13 Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [redacted]

APR 2 1973

396-204-00137

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15868

Primary Registration District No. 2150 Registered No. 197

FULL NAME OF CHILD Croft Lula Mary Crofts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 4 1913

FATHER	MOTHER
FULL NAME J E Crofts	FULL MAIDEN NAME Roselind Allen
RESIDENCE Idaho Falls, Ida.	RESIDENCE Idaho Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Allen

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Aug 12 1913

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Dec-2-15-12

FEB 7 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 23 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 15868

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Crofts (Name on Original Certificate) who was born (Was Born or Died) on August 4, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Crofts	Lula Mary Crofts

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of
April, 1968.

Signed Curtis Watson
(Signature of Any Credible Person)

Eugene E Black
Notary Public, residing at Shelley Idaho
My commission expires 4-26-68
(Seal)

210 W. Maple Shelley Idaho
(Street Address, City, State)

FORM DH 60-155

CL. 3-4-68. 1 copy pd.

LDS Church Cert. of Baptism, March 3, 1923, gives full name as Lula Mary Crofts daughter of Samuel Edward Crofts and Roseland Allen, born Aug. 4, 1913 at Shelley, Idaho - viewed by VS.

MAY 3 1968

Own Child's Birth Certificate on file (Idaho Birth) State File # 442577, gives full name of Mother as Lula Mary Croft - viewed by VS.

666:146:010-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15869

County of Bonneville

City Idaho Falls, Ida R.F.D.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 21-0 Registered No. 194

Hospital

FULL NAME OF CHILD Woolf, Harvey Lamar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 6 '13

FATHER		MOTHER	
FULL NAME	J. H. Woolf	FULL MAIDEN NAME	Docia Lott
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

.....19.....

Filed Aug 13 1913

.....
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

964.221-00-363

(Be sure the information is complete and accurate)

Amended 11-17-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15870
Local Reg. No. 199
Reg. Dist. No. 73

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

d. STREET ADDRESS (If rural, give location): R.D. #1

3. CHILD'S NAME (Type or print)

a. (First): Zola b. (Middle): Doris c. (Last): Dodge

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 21, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Walter b. (Middle): c. (Last): Dodge

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): New York

10. USUAL OCCUPATION: Ranchman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Grace b. (Middle): c. (Last): Coles

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. M. Bridges, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 15, 1913

22. REGISTRAR'S SIGNATURE: Wm. Kinnaird

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address 'ISION OF VITAL STATISTICS, BOISE, IDAHO.

11-8-65

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
NOV 12 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Canyon } ss.

Certificate No. 15870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Zola Doris Dodge (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1913 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own child's birth record (Bible Record, Insurance Policy, Etc.) prepared on 10-12-30 #186320 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 9th day of November 1965

Notary Public, residing at Nampa, Idaho

My commission expires April 16, 1966

(Seal)

X Signed Zola Doris Dodge Ford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

648-6th St No, Ext., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1965

Notary Public, residing at Nampa, Idaho

My commission expires April 16, 1966

(Seal)

X Signed Orville Dewitt Ford
(Signature of Any Credible Person)

648-6th St. No. Ext., Nampa, Idaho
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate gives name of mother as Zola D. Dodge.
Child born Oct. 12, 1930 at Jerome, Idaho.
Certificate # 186320
Viewed by V. S.

142.118.010-249

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Payne

No. ..... St.

Registration District No. 73

Primary Registration District No. 2150

File No. 15871

Registered No. 2[illegible]

Hospital .....

FULL NAME OF CHILD Donald Franklin Austin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)		1st.	Yes	Aug 1st 1913

FATHER	MOTHER
FULL NAME Herbert Austin	FULL MAIDEN NAME Ellen Elizabeth Smith
RESIDENCE Payne Idaho	RESIDENCE Payne Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE England	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Cummard

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 1st 1913 W. Cummard
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's birth cert. #241168; and Photo.-Copy of Family Bible Record, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of LEMHI } ss.

Certificate No. 15871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Austin (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1913 (Date of Event)
in Payne, Bonneville co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Franklin Austin

Subscribed and sworn to before me this 5th day of May, 19 58

Notary Public, residing at Salmon, Idaho
My commission expires 2-27-60
(Seal)

Signed Clara E Austin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 5, Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LEMHI } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 58

Notary Public, residing at Salmon, Idaho
My commission expires 2-27-60
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Salmon, Idaho
(Street Address, City, State)

FORM DPH 55.155

142-212-010-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Payne

No. ____ St.

Hospital ____

Form V. S.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2170

File No. 15872

Registered No. 61

FULL NAME OF CHILD Dorothy Floretta Austin

Sex of Child Female | Twin Triplet or other? Twin (To be answered only in event of plural births) | and Number in order of birth 2nd | Legitimate? Yes | Date of Birth (Month) July (Day) 1st 1913 (Year)

FATHER

FULL NAME Herbert Austin

RESIDENCE Payne Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE England

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hera Elizabeth Smith

RESIDENCE Payne Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 4-10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Hammond

(Physician or midwife)

Address Twin Falls Idaho

Filed July 1st 1913 W Hammond Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

K

DECEASED

Photo. Copy from Family Bible Record, viewed by V.S. and Own Child's birth certificate, #306889, Jan. 19, 1941, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of LEMHI } ss.

Certificate No. 15872

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Austin (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1913 (Date of Event)
in Payne, Bonneville co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Floretta Austin

Subscribed and sworn to before me this 5th day of May, 19 58

Notary Public, residing at Salmon, Idaho
My commission expires 2-27-60
(Seal)

Signed Clara E. Austin.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 5, Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LEMHI } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 58

Notary Public, residing at Salmon, Idaho
My commission expires 2-27-60
(Seal)

Signed Rulw Ov Daniels
(Signature of Any Credible Person)
Salmon, Idaho
(Street Address, City, State)

FORM DPH 55.155 one copy mail

AUG 2 5 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15874

County of Bonneville

City of Idaho Falls

No. 16th St.

Registration District No. 73 File No.

Primary Registration District No. 2156 Registered No. 23

Hospital

FULL NAME OF CHILD Nellie Madeline Covert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	Aug. 10th 1913

FATHER		MOTHER	
FULL NAME	Joseph Covert	FULL MAIDEN NAME	Venellia D. Walker
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56 yrs	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Las Vegas New Mexico	BIRTHPLACE	Washington Utah
OCCUPATION	Mining	OCCUPATION	Housework

Number of child of this mother, including present birth seventh

Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:25 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....19.... Registrar

Filed Aug 20 1913 Registrar

8-Y CO. 20174

PERMANENT RECORD

363-122-010-854

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Idaho Falls

Registration District No. 73 File No. 15875

No. ..... St.

Primary Registration District No. 2170 Registered No. 204

Hospital .....

FULL NAME OF CHILD Herbert Hedrick Cochran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	James B. Cochran	FULL MAIDEN NAME	Mary E. Hedrick
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1-Q M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cummard

P Engleman
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 22 1913 Wm Cummard

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

433-226-010665

Form V. S. No. 11-C—Rev. 8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____ Registration District No. 73 File No. 15876

No. _____ St. Primary Registration District No. 2170 Registered No. 201

Hospital _____

FULL NAME OF CHILD Lara Emily

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 26 1913

FATHER	MOTHER
FULL NAME Lorin Albert McCurdy	FULL MAIDEN NAME Martha Emily Orem
RESIDENCE Idaho Falls Ida RFD 2	RESIDENCE Idaho Falls RFD 2
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Hummel M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Aug 26 19 13 W. Hummel Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 14 1953

383108: 010-464

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15877

County of Bonneville

City of Ucon

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. 206

Hospital Home

FULL NAME OF CHILD Andrews Murray Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrews Tyler	Helen Alice Dodge
RESIDENCE	Ucon Idaho	Ucon Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. J. Simmons

Midwife (Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 26 1913

Registrar

8-Y 60. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form-V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1937

CERTIFICATE OF BIRTH

(County of)

(City of)

335.115:010.444

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15878

Primary Registration District No. 2170 Registered No. 207

FULL NAME OF CHILD Don Clegg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	August 15 1913

FATHER

FULL NAME William James Clegg

RESIDENCE Ucon

COLOR white AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Budd

RESIDENCE Utah

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Ucon Bonneville Co Idaho

Filed Aug 27 19 13 E C ..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

AUG 9 1956

369-023-010127

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15879

Primary Registration District No. 2110 Registered No. 204

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8-23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Twichel	Marcia Aspen
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Green River City, Wyo	Echo, Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Hollister

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug. 29 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

168-211.010-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-9-15

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15880

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 209

FULL NAME OF CHILD Melvin Mulhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 — 11 — 1913

FATHER		MOTHER	
FULL NAME	E. L. Johnson	FULL MAIDEN NAME	Jennie Peterson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Harness-maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Aug 27 1913 C. E. Hammond

Registrar

S-Y CO. 20174

Form V.S. No. 11-C—20m-2-58

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DEC 1 8 1973

3 1 a 2 6 b 010-955

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

Form V. S. No. 11-C 40m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15881

Registration District No. 73 File No. .....

Primary Registration District No. 215-1 Registered No. 210

FULL NAME OF CHILD Ann Elizabeth Lawrence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 – 6 – 1913

FATHER		MOTHER	
FULL NAME	Chas. M Lawrence	FULL MAIDEN NAME	Edna Nelson
RESIDENCE	Poplar Ida	RESIDENCE	Poplar, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Columbia City, Ind.	BIRTHPLACE	Ubly, Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) P. O. Hallenbeck

(Physician or midwife)

Address Idaho Falls, Ida.

Filed Aug 29 19 13 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 15881

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ann Elizabeth Lawrence (Name on Original Certificate) who was born (Was Born or Died) on August 6 - 1913 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elizabeth	Ann Elizabeth Lawrence

Subscribed and sworn to before me this 7th
day of July, 1942
Lois Hampton
Notary Public, residing at Oakland Calif.
My commission expires My Commission Expires May 8, 1945
(Seal)

Signed Edna Pierce Lawrence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
350 Vernon St, Oakland Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of July, 1942
Charles E. Norton
Notary Public, residing at Berkeley Calif
My commission expires My Commission Expires January 26, 1943
(Seal)

Signed William K. Salmon Jr
(Signature of Any Credible Person Other Than Previous Year)
Economics Dept. Univ. of California
(Street Address, City, State)
Berkeley, California

JUL 15 1942

JUL 16 1942

JUL 12 1965

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15882

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2152 Registered No. 211

Hospital Mary Evans

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				8 – 11 – 1913

FATHER		MOTHER	
FULL NAME	Allen Evans	FULL MAIDEN NAME	Lillian Peterson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Memphis, Tenn.	BIRTHPLACE	Richfield Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) T. C. Hallisley

(Physician or midwife)

Address Idaho Falls, Ida.

Filed Aug 29 1913 C. W. Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15883

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 212

FULL NAME OF CHILD Harold Shirley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 29 1913

FATHER	MOTHER
FULL NAME Thomas J Shirley	FULL MAIDEN NAME Mary Olive Haymond
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE South Africa	BIRTHPLACE England
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Emmanuel

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 19 13

..... Registrar

S-Y CO. 20174

..... Registrar

962-225-010-683

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15884

County of Bonneville

City of Ida.Falls,Ida.

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 213

FULL NAME OF CHILD Harriett May Robison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 25 1913

FATHER	MOTHER
FULL NAME: Alex Robison	FULL MAIDEN NAME: Ethel Thlatcher
RESIDENCE: Ida.FAlls,Ida.	RESIDENCE: Ida.Falls,Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Morgan Utah.	BIRTHPLACE: Logan Utah.
OCCUPATION: Auto Livery	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Aug. 25 1913 at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Soderquist M.D.

(Physician or midwife)

Address Ida.Falls,Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug 30 19 13

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-48

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15R64

(County of)

893-211-010-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Fosses

No. ..... St.

Hospital .....

Registration District No. 73 File No. 15885

Primary Registration District No. 215-0 Registered No. 244

FULL NAME OF CHILD Edna L. Bielmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug. 11 1913

FATHER		MOTHER	
FULL NAME	Fred Bielmann	FULL MAIDEN NAME	Mary Wilcox
RESIDENCE	Ida.	RESIDENCE	Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

M. D. (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 6 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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Form V. S. No. 11-C—Rev. 2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] OF BIRTH

County of

296/30 · 010-295

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15886

Primary Registration District No. 2150 Registered No. 214

FULL NAME OF CHILD Joseph Isaac Caalynt Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 30 1913

FATHER	MOTHER
FULL NAME O. J. Brown	FULL MAIDEN NAME Bessie Biven
RESIDENCE I. Falls	RESIDENCE I. Falls
COLOR W Lt	COLOR W Lt
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Texas	BIRTHPLACE Mo.
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Fowler M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 4 1913

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/7/41 L. B.

PLACE OF BIRTH

County of.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

467-231-010-163

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15887

County of Bonneville

City of Idaho Falls

No. [redacted] St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 2117 Registered No. 216

FULL NAME OF CHILD Margaret Estelle Morden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 31 1913

FATHER	MOTHER
FULL NAME Stephen Morden	FULL MAIDEN NAME Kielah Jolley
RESIDENCE I. Falls	RESIDENCE I. Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Logan	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D. L. Francis M.D.

(Physician or midwife)

Address Idaho Falls Ida

Filed Sept 4 1913 C. Hammond Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1968

JUN 27 1947

791-2041 010-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15888

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 217

Hospital

FULL NAME OF CHILD Viola Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 4 1913

FATHER		MOTHER	
FULL NAME	Parker Graham	FULL MAIDEN NAME	Maud Conner
RESIDENCE	I. Falls Ida	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Parker M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

.....19.....

Filed Sept 6 1913

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Registrar

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Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

IL

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

AUG 6 1974

419-108-010-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15889

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 210

FULL NAME OF CHILD Boyd Emerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 6 1913

FATHER

FULL NAME Richard R. Mansbell

RESIDENCE Ferrin, Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruth Daniels

RESIDENCE Ferrin, Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1:40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Emmond

P Pegram (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 6 1913 Wm Emmond Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1588

OCT 7 1975

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PLACE OF BIRTH

County of Bonneville

City of Roberts

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15890

Registration District No. 73 File No. .....

Primary Registration District No. 211-2 Registered No. 219

FULL NAME OF CHILD Richard Nicholas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	Victor Bell	FULL MAIDEN NAME	Lena Burggraf
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth: Fourth

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Sept. 19 13

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

DSC

855-207-010454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15891

Registration District No. 73 File No. .....

Primary Registration District No. 215-0 Registered No. 220

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
Female			Yes	Sept 7 13

FATHER		MOTHER	
FULL NAME	Angel C Henderson	FULL MAIDEN NAME	Cecile Underwood
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Davis
Physician
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 19 13

..... Registrar

8-Y CO. 20174

..... Registrar

Form V. S. No. 11-C—Jan-5-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

381-226-012-689

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-G—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 15892

Primary Registration District No. 2172 Registered No. 221

FULL NAME OF CHILD Ruby Chandler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 26 1913

FATHER		MOTHER	
FULL NAME	Chas. R. Chandler	FULL MAIDEN NAME	Violet White
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 19 13 [signature]

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1961

PLACE OF BIRTH

County of _____

City of _____

Form V. S. No. 11-C—Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

731-401-010-419

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. No. 3 St.

Hospital

FULL NAME OF CHILD Donald Martin Dale Glanzman

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15893

Registration District No. 73 File No.

Primary Registration District No. 21 Registered No. 232

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	Yes	Sept 1 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Charles Ferdinand Glanzman	FULL MAIDEN NAME Elizabeth Edna Fellows Martin
RESIDENCE R.F.D. No 3 Idaho Falls, Idaho	RESIDENCE R.F.D. 3 Idaho Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Dayton, Iowa	BIRTHPLACE Modale, Iowa
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

.....19.....

Registrar

Filed Sept 9 1912

Registrar

S-Y CO. 2C174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

632-12-040-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C—20m-9-15-12

15894

County of Shoshone

City of Wallace

No. Bank St.

Hospital Wallace

Registration District No. 28 78

Primary Registration District No. 1811

File No.

Registered No. 57

FULL NAME OF CHILD Richard Alfred Olson Olsson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	2nd	yes	July 21 1913

	FATHER	MOTHER
FULL NAME	Otto A. Olson Olsson	FULL MAIDEN NAME Alfreda Carlson
RESIDENCE	Wallace Idaho	RESIDENCE Wallace Ida
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Sweden
OCCUPATION	Mining Man	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]
Physicians
(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug. 1, 1913 [redacted]
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] Certificate Issued 2-17-1941. dp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-225-040168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15895

County of Shoshone

City of Wallace

Registration District No. 18 71 File No.

No. River St.

Primary Registration District No. 1014 Registered No. 83

Hospital

FULL NAME OF CHILD Sara Maria Boline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	1st	yes	July 25 1913

FATHER		MOTHER	
FULL NAME	Charles Boline	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Wallace	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Mowery

(Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug. 1, 1913 H. Leo Turner
Registrar

R-Y CO. 20174

Form V. S. No. 11-C-52m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15898

City of Wallace — Registration District No. 2870 — File No.

No. 7th St. — Primary Registration District No. 1014 — Registered No. 23

Hospital

FULL NAME OF CHILD Sigrid Margaret Edin

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F	one (To be answered only in event of plural births)		1st	yes	Jan 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward V. Edin	Annie Boring
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	40	23
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Mine Broker	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1 1913 A. Lee Tinsley Registrar

S-Y CO. 20174

AUG 28 1942

291-106-040-981

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 15897

No. 303 4th St.

Primary Registration District No. 1011

Registered No. 54

Hospital

FULL NAME OF CHILD HERMAN ULYSSES BRASS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 6th 191[illegible]

FATHER		MOTHER	
FULL NAME	Julius Brass	FULL MAIDEN NAME	Anna Ryan
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Real Est.	BIRTHPLACE	California
		OCCUPATION	

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone MD

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 16, 19 13 [illegible] Registrar

S-Y CO., 16670.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 15897

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 7, 1917 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Herman Ulysses Brass

Subscribed and sworn to before me this 18th
day of July, 1942.
Charles A. Tilford
Notary Public, residing at Wallace, Idaho
My commission expires June 1, 1944
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
314 River Street Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of July, 1942
Charles A. Tilford
Notary Public, residing at Wallace, Idaho
My commission expires June 1, 1944
(Seal)

Signed Easter Nadine Brass
(Signature of Any Credible Person Other Than Previous Year)
314 River Street Wallace, Idaho
(Street Address, City, State)

JUL 2 1 1942

469-27-040-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Hope

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 70

Primary Registration District No. 1211

File No. 1908

Registered No. 55

FULL NAME OF CHILD ~~Barbara Grace~~ WILMA KATHRYN DWIRE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	August 17, 1913

FATHER		MOTHER	
FULL NAME	Silas N. Dwire	FULL MAIDEN NAME	Kathryn Thorne
RESIDENCE	Garfield, Wash.	RESIDENCE	Garfield, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Jones M.D.

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 20, 1913 H. Leo Templeton Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 15898

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wilma Kathryn Dwire (Name on Original Certificate) who born (Was Born or Died) on Aug. 17, 1913 (Date of Event)
in Wallace (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 17, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Thelma Dwire	Wilma Kathryn Dwire
mother's maiden name	Kate M. Dwire	Kathryn M. Thorne

Subscribed and sworn to before me this 24
day of April, 19 42.

Notary Public, residing at B. Zelber
My commission expires 7-19-42
(Seal)

Signed Kathryn May Thorne Hendrix
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. #8, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of April, 19 42.

B Zelber
Notary Public, residing at Spokane
My commission expires 7-19-42
(Seal)

Signed Letha E. Curtis
(Signature of Any Credible Person Other Than Previous Year)

2404 N. Perry
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

MAY 2 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Hope

Registration District No. 78 — File No. 15899

Primary Registration District No. 1011 — Registered No. 56

FULL NAME OF CHILD GENEVIEVE Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 22 1913

	FATHER	MOTHER
FULL NAME	Merle Brown	FULL MAIDEN NAME: Ina A Tarr
RESIDENCE	Enaville, Idaho	Enaville - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	18 (Years)
BIRTHPLACE	Salt Lake City, Utah	Indianapolis, Indiana
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Brown M.D

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 24 1913 St. Leo Dunphy

Registrar

S-Y CO., 16670

9/13.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 15899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Genevieve Brown (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on August 22, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by None (Bible Record, Insurance Policy, Etc.) prepared on None (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Brown	Genevieve Brown

Subscribed and sworn to before me this 4th day of May, 1945

Notary Public, residing at Spokane

My commission expires July 18 1947

(Seal)

Signed Mrs Augusta Brown (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 6, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1945

Notary Public, residing at Spokane, Wash

My commission expires 4-11-47

(Seal)

Signed Merle M. Sells
(Signature of Any Credible Person)

108 North Washington St.,
(Street Address, City, State)

Spokane, Wash.

MAY 10 1945

295·203·04a 253

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15900

County of Shoshone

City of Wallace — Registration District No. 701 — 7b — File No.

No. High St. — Primary Registration District No. 701 — Registered No. 57

Hospital

FULL NAME OF CHILD Robert Herschel O. Kiebert

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One (To be answered only in event of plural births)		Yes	Aug 5 1913

FATHER		MOTHER	
FULL NAME	Martin J. Kiebert	FULL MAIDEN NAME	Alice Kelly
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	California
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 07 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowrey

Physician

(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 30 1913 A. Lee Thompson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Mod. 11-D—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

ORIG

SEP 2 8 19